2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
07-07-2000 90402 006 ****61.25

DOCUMENT # 726441

1. Entity Name
BEACON MANOR CONDOMINIUM INC.

Principal Place of Business	Mailing Address
824 Galiano Coral Gables, FL 33134	PO Box 3123 Coral Gables, FL 33114

2. Principal Place of Business	3. Mailing Address
824 Galiano Suite, Apt. #, etc.	PO Box3123 Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33114 Country: USA

0006736?

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1672459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Maria Broderick 104 Antiquera Ave., Apt 7 Coral Gables, FL 33134	Name: Butler Waugh Street Address (P.O. Box Number is Not Acceptable): 824 Galiano City: Coral Gables FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE B. Waugh PD — 6/6/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Butler Waugh

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD ☐ Delete XX NAME: Maria Broderick STREET ADDRESS: 104 Antiquera Ave #7 CITY-ST-ZIP: Coral Gables, FL 33134	TITLE: PD ☐ Change ☐ Addition XX NAME: Butler Waugh STREET ADDRESS: 824 Galiano CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: VD ☐ Delete XX NAME: Maria Fernandez STREET ADDRESS: 104 Antiquera Ave #2 CITY-ST-ZIP: Coral Gables, FL 33134	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: STD ☐ Delete NAME: Sylvia Bernstein STREET ADDRESS: 613 Ocean Drive #11-C CITY-ST-ZIP: Key Biscayne, FL 33149	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. Waugh PD Butler Waugh — 6/6/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Attachment
D00067367
DH 786441

DOCUMENT # 726441

1. Corporation Name
BEACON MANOR CONDOMINIUM INC.

Principal Place of Business
824 GALIANO
CORAL GABLES, FL, 33134

Mailing Address
824 GALIANO
CORAL GABLES, FL 33134

[redacted]

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
05/18/1973

4. FEI Number
59-1672459
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE B. Waugh PD 04-26-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BRODERICK, MAIAM
STREET ADDRESS: 104 ANTIQUERA AVE, #7
CITY-ST-ZIP: CORAL GABLES FL
☒ DELETE

TITLE: PD
NAME: BERNSTEIN, SYLVIA
STREET ADDRESS: 613 OCEAN DR., APT. 11-C
CITY-ST-ZIP: KEY BISCAYNE FL
☒ DELETE

TITLE: STD
NAME: BERNSTEIN, SYLVIA
STREET ADDRESS: 613 OCEAN DR, APT 11-C
CITY-ST-ZIP: KEY BISCAYNE FL 33149
☐ DELETE

TITLE: VPD
NAME: GONZALEZ, JOSEPHINE
STREET ADDRESS: 104 ANTIQUERA AVE, #6
CITY-ST-ZIP: CORAL GABLES FL 33134
☒ DELETE

TITLE: VPD
NAME: MARIA FERNANDEZ
STREET ADDRESS: 104 ANTIQUERA, #2
CITY-ST-ZIP: C. G., FL, 33134
☒ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE: PD
1.2 NAME: BUTLER WAUGH
1.3 STREET ADDRESS: 824 GALIANO
1.4 CITY-ST-ZIP: CORAL GABLES, FL, 33134
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the partner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears or

B. Waugh 04-26-00