

# 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**      **PO Box 3123**  
**Coral Gables, FL 33134**      **Coral Gables, FL**

**2. Principal Place of Business**      **3. Mailing Address**  
**824 Galiano**      **PO Box 3123**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Coral Gables, FL**      **Coral Gables, FL**

**Zip**      **Country**      **Zip**      **Country**  
**33134**      **USA**      **33114**      **USA**

**4. FEI Number**      **Applied For**  
**59-1672459**       **Not Applicable**

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

00067367

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**Maria Broderick**  
**104 Antiquera Ave, Apt 7**  
**Coral Gables, FL 33134**

**7. Name and Address of New Registered Agent**  
**Name**  
**Butler Waugh**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**824 Galiano**  
**City**      **FL**      **Zip Code**  
**Coral Gables**      **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** *Butler 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

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maria Broderick 104 Antiquera Ave #7 Coral Gables, FL 33134 <input type="checkbox"/> Delete <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Maria Fernandez 104 Antiquera Ave #2 Coral Gables, FL 33134 <input type="checkbox"/> Delete <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Sylvia Bernstein 613 Ocean Drive #11-C Key Biscayne, FL 33149 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Butler Waugh 824 Galiano Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XX</b>
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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:** *Butler Waugh PD*      *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

DOCUMENT # 726441

1. Corporation Name  
BEACON MANOR CONDOMINIUM INC.

Attachment  
DU067367  
DH 726441

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



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/18/1973	
22	City & State	27	City & State	4	FEI Number	Applied For (Not Applicable)
	Zip	28	Zip		59-1672459	
23	Country	29	Country	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24		30		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	81	Name
82	Street Address (P.O. Box Number is Not Acceptable)	82	Street Address (P.O. Box Number is Not Acceptable)
83		83	
84	City	84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0802 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: *[Signature]* PD DATE: 04-26-2000

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	BRODERICK, MALAM	PD	BUTLER WAUGH
104 ANTIQUERA AVE, #7		824 GALIANO	
CORAL GABLES, FL		CORAL GABLES, FL, 33134	
PD	BERNSTEIN, SYLVIA		
613 OCEAN DR. APT. 11-C			
KEY BISCAYNE FL			
STD	BERNSTEIN, SYLVIA		
613 OCEAN DR. APT 11-C			
KEY BISCAYNE FL 33149			
VPD	GONZALEZ, JOSEPHINE		
104 ANTIQUERA AVE, #6			
CORAL GABLES FL 33134			
VPD	MARIA FERNANDEZ		
104 ANTIQUERA, #2			
C. G., FL, 33134			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.01(3)(c), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the report.

*[Signature]* 04-26-00