.2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT #716555** 04-26-2004 90524 038 ****61.25 BEACH MANOR VILLAS, SOUTH, INC. Principal Place of Business Mailing Address 1025 BEACH MANOR CENTER, EAST PO BOX 1078 VENICE, FL 34285 VENICE, FL 34284 US 3. Mailing Address 1/62 In lean Hills 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1443088 City & State City & State Applied For Vance Not Applicable Country __U_S Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALDWELL, ANNETTE K Street Address (P.O. Box Number is Not Acceptable) 1747 S TAMIAMI TRAIL 223 Indian VENICE, FL 34293 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. п Florida Department of State Due by May 1, 2004 Added to Fees (5 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete PD TITLE TITLE ☐ Change Addition NAME STEWART, JACK NAME Carmela Crito-Wright STREET ADDRESS 1019 BEACH MANOR CTR #35 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34285 VD TITLE ☐ Delete TITLE A Change ☐ Addition Tanzella, BoL TANZELLA, BOB NAME NAME STREET ADDRESS 1015 COOPER ST #25 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP VENICE, FL 34285 TITLE Delete TĪTĹĔ Change **Addition** charles schweiker KALAFUS, HELEN NAME NAME 210 E Field Ave#3 214 BEACH MANOR LANE, #19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE CECIL, JUSTINE NAME NAME STREET ADDRESS 1028 BEACH MANOR CIR., #45 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL ☐ Change ☐ Addition TITI F ☐ Delete WATSON-ELLINGER, GAIL NAME NAME 27 BEACH MANOR LN #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE MAGI. PAUL NAME NAME

12. 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 attach nent with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1026 BEACH MANOR CTR #32

VENICE, FL 34285

Jack S SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 Date

FILED

(941) 408-8293

Daytime Phone #