

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726441

**Entity Name:** BEACON MANOR CONDOMINIUM INC.

**Current Principal Place of Business:**

824 GALIANO  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 14-4757  
MIAMI, FL 33114 US

**FEI Number: 59-1672459**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, C  
824 GALIANO STREET  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DST  
Name            BERNSTEIN, S  
Address        PO BOX 3123  
City-State-Zip: CORAL GABLES FL 33114-3123

Title            PD  
Name            SMITH, C  
Address        824 GALIANO STREET  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            BACON, J  
Address        822 GALIANO STREET  
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: S.BERNSTEIN**

**DST**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date