

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731756

Entity Name: BEACHWOOD VILLAS CONDOMINIUMS, INC.**Current Principal Place of Business:**2355 NE OCEAN BLVD.
STUART, FL 34996**Current Mailing Address:**2355 NE OCEAN BLVD.
STUART, FL 34996 US**FEI Number: 59-1618924****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, PA
789 S. FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 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 TREASURER
Name TALBOT, TIMOTHY
Address 2355 NE OCEAN BLVD #12B
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name MAURICE, SHASHOUA
Address 2355 NE OCEAN BLVD #21B
City-State-Zip: STUART FL 34996

Title PRESIDENT
Name BERWICK, TODD
Address 2355 NE OCEAN BLVD. #14A
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name ALLEN, DOUGLAS
Address 2355 NE OCEAN BLVD., #5B
City-State-Zip: STUART FL 34996

Title VP
Name HODGE, JOHN
Address 2355 NE OCEAN BLVD., #35A
City-State-Zip: STUART FL 34996

Title SECRETARY
Name PITTS, JAY
Address 2355 NE OCEAN BLVD., #29A
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name LEMPICKI, MIKE
Address 2355 NE OCEAN BLVD, #4A
City-State-Zip: STUART FL 34996

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: JAY PITTS**BOD, SECRETARY****03/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date