

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00375

FILED
Jan 10, 2015
Secretary of State
CC2758900024

Entity Name: BEAUMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6591 SW 13 STREET
PLANTATION, FL 33317

Current Mailing Address:

6591 SW 13 STREET
PLANTATION, FL 33317 US

FEI Number: 65-0216570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, STEVEN D
6591 SW 13 STREET
PLANTATION, FL 33317-5154 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, DIRECTOR
Name SMITH, STEVEN
Address 6591 S.W. 13 STREET
City-State-Zip: PLANTATION FL 33317-5154

Title SECRETARY, DIRECTOR
Name DYTKOWSKI, ROBERT
Address 6540 SW 13TH ST
City-State-Zip: PLANTATION FL 33317-5154

Title DIRECTOR
Name MAGENHEIMER, STEWART
Address 6510 SW 13 ST
City-State-Zip: PLANTATION FL 33317-5154

Title DIRECTOR
Name KHAN, ABU
Address 6430 S W 13TH ST
City-State-Zip: PLANTATION FL 33317-5154

Title DIRECTOR
Name AVILA, JAVIER
Address 6420 SW 13 STREET
City-State-Zip: PLANTATION FL 33317-5154

Title PRESIDENT, DIRECTOR
Name HOFFMAN, RICHARD
Address 6470 SW 13 STREET
City-State-Zip: PLANTATION FL 33317

Title VP, DIRECTOR
Name MANDEL, RAQUEL
Address 6481 SW 13 STREET
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name SANTANA, OMAR
Address 6500 SW 13 STREET
City-State-Zip: PLANTATION FL 33317

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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: STEVEN D. SMITH

TREASURER

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BULNES, EVARISTO
Address 6480 SW 13 STREET
City-State-Zip: PLANTATION FL 33317