

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

DOCUMENT# N00375

**FILED**  
**Jan 30, 2016**  
**Secretary of State**  
**CC3933774531**

**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           MAHLER, BROOKE  
Address        1230 SW 65 AVENUE  
City-State-Zip: PLANTATION FL 33317

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           PEREZ, DANIEL  
Address        1200 SW 65 AVENUE  
City-State-Zip: PLANTATION FL 33317

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

**Continues on page 2**

*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**

**01/30/2016**

\_\_\_\_\_  
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