FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:18

DOCUMENT # 723396 (8)

1. Corporation Name
BEACHWOOD CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
1320 BLUE POINT AVE., #10 NAPLES FL 33962-4327	1320 BLUE POINT AVE., #10 NAPLES FL 33962-4327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1972
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1817530 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUTCHISON, THOMAS B 1320 BLUE POINT AVE #10 NAPLES FL 33962-4527	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	HUTCHISON, THOMAS B.	1.2 NAME		
STREET ADDRESS	1320 BLUEPOINT AVENUE #10	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33926-4527	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	TAMMERK, TOIVO	2.2 NAME	SHEILA A. DUGAN	
STREET ADDRESS	428 RUBBER RD	2.3 STREET ADDRESS	1320 BLUE POINT AVE #9	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33962	
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GRAY, GRETHEL	3.2 NAME	KEVIN H. DUGAN	
STREET ADDRESS	1320 BLUE POINT AVE #2	3.3 STREET ADDRESS	1320 BLUE POINT AVE #9	
CITY-ST-ZIP	NAPLES FL 33926-4527	3.4 CITY-ST-ZIP	NAPLES, FL 33962	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS B. HUTCHISON PRES. 1-17-95 813 775-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000180A