## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE: \_

723396

(8)

BEACHWOOD CONDOMINIUM APARTMENTS, INC.

Principal Place of Business		Mailing Address			
1320 BLUE POINT AVE. #10 NAPLES FL 33962-4327		1320 BLUE POINT AVE NAPLES FL 33962-4327	#10		
				3. Date Incorporated or Qualified 05/12/1972	3a. Date of Last Report 01/27/1995
Principal Place of Business     2a. Mailing Address				4. FEI Number	Applied For
21 26			7) 7	59-1817530	Not Applicable
			foint fluc	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State  City & State  Ap/rs,  City & State  City & State  Ap/rs,			Fl	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3390	ca 25 Collier	29 33962	30 Co///er		Yes No
	9. Name and Address of Current F	10. Name and Address of New Re	gistered Agent		
LII ITOUK	CON TUOMAC B		Jean Levin		
HUTCHISON, THOMAS B  1320 BLUE POINT AVE #10  82 Street Address  1.320 BLUE POINT AVE #10				Address (P.O. Box Number 9 Not Acceptable	- 4 1
1320 BLUE POINT AVE #10  NAPLES FL 33962-4527  83					
			84 City .>	1 1	BE Zin Code
			84 City	laples, Fl	FL   85   Zip Code 2
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office					
<ul> <li>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 617.0503, Florida Statutes.</li> </ul>					
SIGNATURE (NOTE: Registered Agent signature required when reinstating)  OATE  OATE					
12.	Signature, types or printed name of registered agent and OFFICERS AND I		: Registered Agent signature re	iquired when reinstating) ADDITIONS (CHANGES TO OFFIC	CRS AND DIRECTORS IN 12
TITLE	PTD	MDÉLETE .	11 TITLE	TD .	Change Addition
NAME	HUTCHISON, THOMAS B.	<u></u>	12 NAME		
STREET ADDRESS	1320 BLUEPOINT AVENUE #10		13 STREET ADDRESS	Jean Levin Mue 1320 Blue Point Mue	; <del>  -</del>
CHTY - ST - ZIP	NAPLES FL		14 CITY-ST-ZIP	Maples, F1 33962	
TITLE	SD	<b>⊠</b> 0ELETE	2 1 TITLE	secretary D	Change Addition
NAME	DUNAN, SHEILA A.		2.2 NAME	Joel Levis Point Ave.	
STREET ADDRESS	1320 BLUE POINT AVE #9		2.3 STREET ADDRESS	1320 Blue Point Ave.	M= 1
CITY - ST - ZIP	NAPLES FL		2 4 CITY-ST-ZIP	Naples, F1 33962	
THILE	D	<b>⊠</b> DELETE	3 1 TITLE	Naples, F1 33962 Treasurer D	Change Addition
NAME	DUGAN, KEVIN H.		3.2 NAME	Grethal Grayint A	N # 2
STREET ADDRESS	1320 BLUE POINT AVE #9		3.3 STREET ADDRESS	1320 Blue Polit	
CITY-ST-ZiP	NAPLES FL	Floriere	3 4. CITY - ST - ZIP	Naples, F1 33962	
TITLE		DELETE	41 THLE	,	☐ Change ☐ Addition
NAME CLOSES ADDRESS			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST ZIP TITLE		DELETE	44 CITY-ST-ZIP 51 TITLE	<del>10000171</del>	Change ☐ Addition
NAME			52 NAME	10000171 -02/15/960101	150 <b>0</b>
STREET ADDRESS			5 3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
certify that oath; that I	the information indicated on this annual Lam an officer or director of the corporat	report or supplemental annuation or the receiver or trustee	al report is true and ac empowered to execut	lify for the exemption stated in Section 119.0 curate and that my signature shall have the si e this report as required by Chapter 617, Flori	ame legal effect as if made under ida Statutes; and that my name
appears in	Block 12 or Block 13/if changed, or op-	an attachment with an addre	SS.		$\alpha \alpha \alpha = 0$

775-6713

Daytime Phone # ALL