FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90117 015 ****61.25

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DOCUMENT # 723396

1. Corporation Name
BEACHWOOD CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
1320 BLUE POINT AVE. #2 NAPLES FL 33962	~~1320 BLUE POINT AVE. #2~~ ~~NAPLES FL 33962~~

2. Principal Place of Business 21	2a. Mailing Address 26 792 94TH. AVE N.	3. Date Incorporated or Qualifed 05/12/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1817530 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 NAPLES, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34108 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PUTNAM PROPERTY MANAGEMENT 792 94TH AVE N NAPLES FL 34108	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 617.0502 and 617.1508, 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 617.0503, 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~~	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONROY, JOHN		1.2 NAME		
STREET ADDRESS	1320 BLUEPOINT AVE #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CORBETT, RICHARD		2.2 NAME	BRATTELLI, DIANE	
STREET ADDRESS	1320 BLUEPOINT AVE #5		2.3 STREET ADDRESS	67 CHELSEA CIRCLE	
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP	CLEMENTON, N.J 08021	
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	GRAY, GRETHAL		3.2 NAME	WOLF, BRIDGETTE	
STREET ADDRESS	1320 BLUE POINT AVE #2		3.3 STREET ADDRESS	1320 BLUE POINT AVE #7	
CITY-ST-ZIP	NAPLES FL 34102		3.4 CITY-ST-ZIP	NAPLES FL. 34102	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: JOHN P. CONROY JR. RED 3/14/99 (941) 793-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #