NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90105 028 ****61.25

DOCUMENT # 723396

1. Entity Name
BEACHWOOD CONDOMINIUM APARTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1320 Blue Point Ave.	P.O. Box 7413
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34102 Country: USA	Zip: 34101 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kenneth G. King

Street Address (P.O. Box Number is Not Acceptable): 720 Orchid Dr.

City: Naples, FL **FL** Zip Code: 34102

8. 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. I am familiar with, and accept the obligations of registered agent.

(239) 261-8262

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

April 6, 2004 — DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Director/Pres.
NAME	Diane Brattelli
STREET ADDRESS	67 Chelsea Cir.
CITY-ST-ZIP	Clemton, NJ 08021
TITLE	Director/VP
NAME	Hugh Miller
STREET ADDRESS	6851 Burnside Dr.
CITY-ST-ZIP	San Jose, CA 95120
TITLE	Director/Manager/Sec
NAME	Kenneth G. King
STREET ADDRESS	720 Orchid Dr.
CITY-ST-ZIP	Naples, FL 34102
TITLE	Director/Treas.
NAME	Patrick O'Donnell
STREET ADDRESS	1320 Blue Point Ave. Unit #8
CITY-ST-ZIP	Naples, FL 34102
TITLE	Director
NAME	Anthony Lykins
STREET ADDRESS	5761 Waxmyrtle
CITY-ST-ZIP	Naples, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick O'Donnell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 — Date

(239)250-3360 — Daytime Phone #