

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90817 015 *****70.00

DOCUMENT # 723396

1. Entity Name

BEACHWOOD CONDOMINIUM APARTMENTS, INC.



Principal Place of Business

**1320 BLUE POINT AVE. #2
NAPLES FL 33962**

Mailing Address

**1320 BLUE POINT AVE. #2
NAPLES FL 33962**

2. Principal Place of Business

1320 Blue Point Ave. #8

3. Mailing Address

1320 Blue Point Ave. #8

Suite, Apt. #, etc.

Apt. 8

Suite, Apt. #, etc.

Apt. 8

City & State

Naples, FL 34102

City & State

Naples, FL 34102

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number **59-1817530**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KING, KENNETH G
1320 BLUE POINT AVE, UNIT 2
NAPLES FL 34102**

ADDRESS CHANGE:

7. Name and Address of New Registered Agent

Name

KING, KENNETH G.

Street Address (P.O. Box Number is Not Acceptable)

720 Orchid Dr.

Naples, FL 34102

City

(239) 261-8262 Tel

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.

SIGNATURE

Kenneth G. King

Kenneth G. King

4-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **BRATTELLI, DIANE**
STREET ADDRESS **67 CHELSEA CIRCLE**
CITY-ST-ZIP **CLEMENTON NJ 08021**

TITLE **VD** ☒ Delete
NAME **SCARGLE, WILLIAM**
STREET ADDRESS **1407 YARMOUTH LANE**
CITY-ST-ZIP **MOUNT LAUREL NJ 08054**

TITLE **TSB** ☒ Delete
NAME **KING, KENNETH**
STREET ADDRESS **1325 BLUE POINT AVE #2**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Delete
NAME **O'DONNELL, KENIA**
STREET ADDRESS **1320 BLUE POINT AVE #8**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Delete
NAME **HAMSTRA, KAREN**
STREET ADDRESS **6300 W STATE RD # 110**
CITY-ST-ZIP **DEMOTTE IN 46310**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **HUGH MILLER**
STREET ADDRESS **6851 Burnside Dr.**
CITY-ST-ZIP **San Jose, CA 95120**

TITLE **D** ☐ Change ☒ Addition
NAME **ANTHONY LYKINS**
STREET ADDRESS **3557 Kent Dr.**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **SD** ☒ Change ☐ Addition
NAME **KING KENNETH**
STREET ADDRESS **720 Orchid Dr.**
CITY-ST-ZIP **Naples, FL 34102**

TITLE **TD** ☒ Change ☐ Addition
NAME **PATRICK O'DONNELL**
STREET ADDRESS **1320 Blue Point Ave. #8**
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth G. King

Kenneth G. King 4-28-03 (239-261-8262)

CR2E037 (10/02)