

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 21 AM 9:59

DOCUMENT # 724223 (3)

1. Corporation Name

BEACON 21 CONDOMINIUM 'A' ASSOCIATION, INC

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1551 NORTHEAST 13TH TERRACE
BEACON 21, APT A-2
JENSEN BEACH FL 34957**

**1551 NORTHEAST 13TH TERRACE
BEACON 21, APT A-2
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1972

3a. Date of Last Report

02/21/1994

4. FEI Number

59-1517826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORTER, WILLIAM
1551 NE 13TH TERRACE A-2
JENSEN BEACH FL 34957**

61 Name

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

63

64 City

FL

65 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	PARSELLS, ROBERT
STREET ADDRESS	1551 NE 13TH TERR A-10
CITY-ST-ZIP	JENSEN BCH, FL 00000
TITLE	D
NAME	BURPEE, EUGENE
STREET ADDRESS	1551 NE 13 TERR
CITY-ST-ZIP	JENSEN BCH FL
TITLE	SD
NAME	DAVIS, LES
STREET ADDRESS	1551 NE 13TH TERR A-8
CITY-ST-ZIP	JENSEN, BCH, FL 00000
TITLE	PD
NAME	PORTER, WILLIAM
STREET ADDRESS	1551 NE 13TH TERR A-2
CITY-ST-ZIP	JENSEN BCH, FL 00000
TITLE	TD
NAME	WEBER, TOM
STREET ADDRESS	1551 NE 13 TERR A-3
CITY-ST-ZIP	JENSEN BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/95 402-334-6616