

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90216 012 ****61.25

DOCUMENT # 724223

1. Entity Name
BEACON 21 CONDOMINIUM "A" ASSOCIATION, INC



Principal Place of Business

**1551 N.E. 13TH TERRACE
STE-ASSOC.
JENSEN BEACH, FL 34957-5633, US**

Mailing Address

**1551 N.E. 13TH TERRACE
STE-ASSOC.
JENSEN BEACH, FL 34957-5633, US**

30019673



DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1517826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

W. Porter

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

(NOTE: Registered Agent signature required when reinstating)

2/22/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PORTER, WILLIAM
STREET ADDRESS	1551 NE 13TH TERR A-2
CITY-ST-ZIP	JENSEN BCH, FL
TITLE	TSD
NAME	COOPER, ROSE MARIE
STREET ADDRESS	1551 NE 13TH TERR. A9
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	VPD
NAME	RAY, DAVID OHRSTROM, KAI
STREET ADDRESS	1551 NE 13TH TERR. A-8
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	PETAJA, MARY ANN
STREET ADDRESS	1551 NE 13TH TERR. A-11
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Marie Cooper
Rose Marie Cooper

Date

Daytime Phone #

2/22/05 **772-334-4508**