

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90367 029 \*\*\*\*61.25

<b>DOCUMENT # 724223</b>	
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
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01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1517826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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**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

*William A. Porter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, WILLIAM 1551 NE 13TH TERR A-2 JENSEN BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COOPER, ROSE MARIE 1551 NE 13TH TERR. A9 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OHRSTROM, KAI 1551 NE 13TH TERR. A-8 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>RETAJA, MARY ANN</del> <del>1551 NE 13TH TERR. A-11</del> <del>JENSEN BEACH, FL 34957</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SVEN SCHROETER 1551 NE 13TH TERR A-4 JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	34957

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

4/6/06

Date

772-334-

Daytime Phone #

3181

*ROSE MARIE COOPER  
SECRETARY TREASURER*