


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724223</b> 1. Entity Name <b>BEACON 21 CONDOMINIUM "A" ASSOCIATION, INC</b>	
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Principal Place of Business <b>1551 N.E. 13TH TERRACE STE-ASSOC. JENSEN BEACH, FL 34957-5633 US</b>	Mailing Address <b>1551 N.E. 13TH TERRACE STE-ASSOC. JENSEN BEACH, FL 34957-5633 US</b>
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02122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1517826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000937732 05/27/08-80055-019-61.25</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>PORTER, WILLIAM</b>
STREET ADDRESS <b>1551 NE 13TH TERR A-2</b>	CITY-ST-ZIP <b>JENSEN BCH, FL</b>
TITLE <b>TSD</b>	NAME <b>COOPER, ROSE MARIE</b>
STREET ADDRESS <b>1551 NE 13TH TERR. A9</b>	CITY-ST-ZIP <b>JENSEN BEACH, FL 34957</b>
TITLE <b>VPD</b>	NAME <b>OHRSTROM, KAI</b>
STREET ADDRESS <b>1551 NE 13TH TERR. A-8</b>	CITY-ST-ZIP <b>JENSEN BEACH, FL 34957</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**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:** *Rose Marie Cooper* **SECRETARY** *4/28/08* **772-334-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *TREASURER* Date Daytime Phone # *4508*