

DOCUMENT # 725479

1. Entity Name

BEACH CLUB VILLAS CONDOMINIUM II INC

Principal Place of Business

Mailing Address

**3937 NE 167TH STREET
N MIAMI BCH FL 33160****3937 NE 167TH STREET
N MIAMI BCH FL 33160-3549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1691773

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, KENNETH
3857 NE 167 ST
NORTH MIAMI BEACH FL 33160**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	HEERTS, JEFFERY	
STREET ADDRESS	3925 N.E. 167ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CASTALINE, RUSSELL	
STREET ADDRESS	3999 NE 167 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZABLOW, FRED	
STREET ADDRESS	3917 NE 167 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arie BEN-ASSAYAG	
STREET ADDRESS	3845 NE 167th Street	
CITY-ST-ZIP	NORTH MIAMI Beach, FL 33160	

TITLE	S	<input type="checkbox"/> Delete
NAME	CUMMINGS, FORREST	
STREET ADDRESS	4001 NE 167 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SEIGEL, SHEILA	
STREET ADDRESS	3819 NE 167 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, JOANN	
STREET ADDRESS	3833 NE 167 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

**FILED
May 16, 2000 8:00 am
Secretary of State**

05-16-2000 90085 033 ****61.25



DO NOT WRITE IN THIS SPACE

CE-000000

658291

ATTACHMENT RE: DOCUMENT NUMBER 725479

FEI Number 59-1691773

Additional name to be added to box 12:

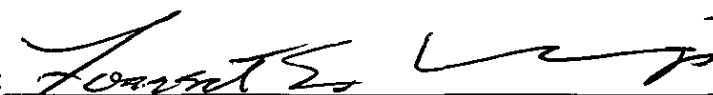
Title: President

Name: GRAY, KENNETH

Street Address: 3857 NE 167th Street

City-St-Zip: North Miami Beach, FL 33160

SIGNATURE:



4/27/00

Forrest E. Cummings, Secretary