

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 018 ****61.25

DOCUMENT # 725750

1. Entity Name

BEACON 21 CONDOMINIUM "B" ASSOCIATION INC



Principal Place of Business

1550 NE 13TH TERR
B-13
JENSEN BEACH FL 34957

Mailing Address

4895 MARINER VILLAGE LANE
STUART FL 34997

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

59-1514607

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

KOTCH, EDWARD
4895 MARINER VILLAGE LANE
STUART FL 34997

Name SIGNATURE PROPERTY MGMT.

Street Address (P.O. Box Number is Not Acceptable)
469 S. FEDERAL HWY #401

City
STUART

FL Zip Code
34994

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

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

LEONARD GOLDBAUM

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILBRICK, KENNETH	
STREET ADDRESS	1550 NE 13TH TERR. B-14	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SNOW, STEVEN	
STREET ADDRESS	1550 NE 13TH TERRACE B-05	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, RUTH	
STREET ADDRESS	1550 NE 13TH TERR B2	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEAVER, JOAN	
STREET ADDRESS	1550 NE 13TH TERR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, ANTONIA	
STREET ADDRESS	1550 NE 13 TERRACE B-08	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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)(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 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 #