


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90018 005 ****61.25

DOCUMENT # 725777
1. Entity Name
BEACON 21 CONDOMINIUM "G" ASSOCIATION, INC.



Principal Place of Business Mailing Address
**COMPLEX G
BEACON 21
JENSEN BEACH FL 34957
US** **1500 NE. 13TH TERRACE
G3
JENSEN BEACH FL 34957
US**

2. Principal Place of Business 3. Mailing Address
ABOVE **ABOVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1514576 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREVES, VALERIE
1500 N.E. 13TH TERRACE
G3
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Valerie J. Breves*
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
Due By May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	TRAVENICK, ROBERT	
STREET ADDRESS	1500 NE 13 TERR APT G-5	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROOKE, WALTER	
STREET ADDRESS	1500 NE 113 TERRACE G-1	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BREVES, VALERIE	
STREET ADDRESS	1500 NE 13TH TERR APT G-3	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	P	<input type="checkbox"/> Delete
NAME	SNOW, FRED	
STREET ADDRESS	1500 NE 13 TERRACE G-2	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMSON, DAVID	
STREET ADDRESS	1500 NE 13 TERRACE G-4	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEFFERSON, HOWARD	
STREET ADDRESS	1500 NE 13 TERR G-13	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

NO CHANGE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Valerie J. Breves* 2-28-06 772-334-3689



1st MOORE CR2E037 (10/05)