


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 031 ****61.25

DOCUMENT # 725777 1. Entity Name BEACON 21 CONDOMINIUM "G" ASSOCIATION, INC.	
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Principal Place of Business COMPLEX G BEACON 21 JENSEN BEACH FL 34957 US	Mailing Address 1500 NE. 13TH TERRACE G3 JENSEN BEACH FL 34957 US
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2. Principal Place of Business - No P.O. Box # 1500 NE 13 TERR G3 Suite, Apt. #, etc. Jensen Beach City & State FL Zip 34957	3. Mailing Address ADORE Suite, Apt. #, etc. City & State Zip Country USA
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1st MOORE CR2E037 (10/06)

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 SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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* DATE: **1-29-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVENICK, ROBERT	NAME	
STREET ADDRESS	1500 NE 13 TERR APT G-5	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKE, WALTER	NAME	
STREET ADDRESS	1500 NE 113 TERRACE G-1	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREVES, VALERIE	NAME	
STREET ADDRESS	1500 NE 13TH TERR APT G-3	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	VICE - PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, FRED	NAME	
STREET ADDRESS	1500 NE 13 TERRACE G-2	STREET ADDRESS	
CITY-ST-ZIP	JENSON BEACH FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, DAVID	NAME	
STREET ADDRESS	1500 NE 13 TERRACE G-4	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, HOWARD	NAME	
STREET ADDRESS	1500 NE 13 TERR G-13	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	

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: *DAVID THOMSON David Thomson* DATE: **1/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #