

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/28/

FILED
Apr 29, 2008 8:00 am
Secretary of State

03-28-2008 90028 037 *****60.00

04-29-2008 90093 047 *****1.25

DOCUMENT # 726441 1. Entity Name BEACON MANOR CONDOMINIUM INC.					
Principal Place of Business 824 GALIANO CORAL GABLES, FL 33134 US			Mailing Address PO BOX 144757 MIAMI, FL 33114 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1672459	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINO, LOURDES 822 GALIANO STREET, APT 4 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BERNSTEIN, SYLVIA PO BOX 3123 CORAL GABLES, FL 331143123	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARINO, LOURDES 822 GALIANO STREET, APT 4 MIAMI, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Carol Smith 824 Galiano Street Coral Gables, FL 33114 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYAN, THERESA PO BOX 144757 CORAL GABLES, FL 33114	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Sylvia Bernstein, Trust (S. BERNSTEIN)</u> 3-18-2008 305 884-0451 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40089128



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