

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727687

1. Entity Name
BEACON 21 CONDOMINIUM "E" ASSOCIATION, INC.



FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 040 ****61.25

Principal Place of Business
**1510 NE 12TH TERRACE, E-7
JENSEN BEACH, FL 34957 US**

Mailing Address
**PO BOX 2045
JENSEN BEACH, FL 34958-2045 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1514569

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

**JANOFF, GAYLE
1510 NE 12TH TERRACE, E-7
JENSEN BEACH, FL 34957**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May-1, 2007

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 **PD** ☒ Delete
NAME **HAMLIN, ED**
STREET ADDRESS **1510 NE 12TH TERRACE E11**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **P/D** ☒ Change ☐ Addition
NAME **RICHARD CAMPBELL**
STREET ADDRESS **1510 NE 12TH TERRACE E11**
CITY-ST-ZIP **JENSEN BEACH, FLORIDA 34957**

TITLE **VPD** ☒ Delete
NAME **CAMPBELL, RICHARD**
STREET ADDRESS **1510 N.E. 12TH TERRACE E16**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **V/D** ☒ Change ☐ Addition
NAME **TOM WASSER**
STREET ADDRESS **1510 NE 12TH TERRACE E6**
CITY-ST-ZIP **JENSEN BEACH, FLORIDA 34957**

TITLE **TD** ☐ Delete
NAME **JANOFF, GAYLE**
STREET ADDRESS **1510 NE 12TH TERR E-7**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **S/D** ☒ Change ☐ Addition
NAME **MARSHA DERRINGTON**
STREET ADDRESS **1510 NE 12TH TERRACE E9**
CITY-ST-ZIP **JENSEN BEACH, FLORIDA 34957**

TITLE **D** ☒ Delete
NAME **WASSMEN, TOM**
STREET ADDRESS **1510 NE 12TH TERR E-6**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **T/D** ☒ Change ☐ Addition
NAME **GAYLE JANOFF**
STREET ADDRESS **1510 NE 12TH TERRACE E7**
CITY-ST-ZIP **JENSEN BEACH, FLORIDA 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marsha Derrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

772-334-1920
812-426-1818

Daytime Phone #