

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731325

FILED
Jan 22, 2009
Secretary of State

Entity Name: CONDOMINIUM NUMBER 5 OF BEACON LAKES, INCORPORATED

Current Principal Place of Business:

C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-1594268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LEN
C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE. 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT SVC, INC
2189 CLEVELAND ST., STE. 225
CLEARWATER, FL 33765 US

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.

SIGNATURE: LENNARD A. LEIGHTON

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BASILONE, DON
Address: 4441 CHART CT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: OBROKTA, ROSE
Address: 4444 PELORUS DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: READLE, JOSEPH
Address: 3940 LIGHTHOUSE WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD () Delete
Name: MATTHEWS, LEWIS
Address: 4005 LIGHTHOUSE WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: ELZA, MICHAEL
Address: 4014 DAVIT DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SURBER, BETTY L
Address: 3814 LIGHTHOUSE WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: READLE, JOSEPH
Address: 3940 LIGHTHOUSE WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAYER, ANNA G
Address: 4025 DAVIT DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEW MATTHEWS

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date