

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731756 (3)

1. Corporation Name

BEACHWOOD VILLAS CONDOMINIUMS, INC.



Principal Place of Business: C/O CONCEPT MANAGEMENT SERVICE, 7136 SE OSPREY STREET, HOBE SOUND FL 33455  
Mailing Address: C/O CONCEPT MANAGEMENT SERVICE, 7136 SE OSPREY STREET, HOBE SOUND FL 33455

3. Date Incorporated or Qualified: 01/27/1975  
3a. Date of Last Report: 04/13/1995  
4. FEI Number: 59-0608924  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

JANE L. CORNETT, ESQ.  
WACKEEN CORNETT & GOOGE  
401 EAST OSCEOLA ST., 1ST FLOOR  
STUART FL 34995

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, ALETHIA	
STREET ADDRESS	2355 NE OCEAN BLVD #25-B	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANTARE, VINCENT J	
STREET ADDRESS	2355 NE OCEAN BLVD #5B	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIPPAN, SHIRLEY	
STREET ADDRESS	2355 NE OCEAN BLVD #18B	
CITY-ST-ZIP	STUART FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	ERCOLINO, CARL	
STREET ADDRESS	2355 NE OCEAN BLVD #39A	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBI, RICHARD	
STREET ADDRESS	2355 NE OCEAN BLVD #23-A	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, LOUIS	
STREET ADDRESS	2355 NE OCEAN BLVD #30B	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PERKOWSKI, HENRY	
1.3 STREET ADDRESS	2355 NE OCEAN BLVD #3A	
1.4 CITY-ST-ZIP	STUART, FL 34996	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANTARE, VINCENT J.	
2.3 STREET ADDRESS	2355 NE OCEAN BLVD #5B	
2.4 CITY-ST-ZIP	STUART, FL 34996	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRINKMAN, WILLIAM	
5.3 STREET ADDRESS	2355 NE OCEAN BLVD. #14A	
5.4 CITY-ST-ZIP	STUART, FL 34996	
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CULLEN, LOUIS	
6.3 STREET ADDRESS	2355 NE OCEAN BLVD. #36A	
6.4 CITY-ST-ZIP	STUART, FL 34996	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

*Louis T. Cullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LOUIS T. CULLEN

3-29-96  
Date

(407) 225-0429  
Daytime Phone #

CR2E037 (12/95)