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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 731756 (3)

1. Corporation Name

BEACHWOOD VILLAS CONDOMINIUMS, INC.



Principal Place of Business

Mailing Address

C/O CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455

C/O CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455-6159

3. Date Incorporated or Qualified
01/27/1975

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-0608924

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME PERKOWSKI, HENRY
STREET ADDRESS 2355 NE OCEAN BLVD., #3A
CITY-ST-ZIP STUART FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD DELETE
NAME SANTARE, VINCENT J
STREET ADDRESS 2355 NE OCEAN BLVD #5B
CITY-ST-ZIP STUART FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME LIPPAN, SHIRLEY
STREET ADDRESS 2355 NE OCEAN BLVD #18B
CITY-ST-ZIP STUART FL

3.1 TITLE Change Addition
3.2 NAME SD
3.3 STREET ADDRESS SUNDVICK, SHIRLEY
3.4 CITY-ST-ZIP 2355 NE OCEAN BLVD #18B
STUART, FL 34996

TITLE ATD DELETE
NAME ERCOLINO, CARL
STREET ADDRESS 2355 NE OCEAN BLVD #39A
CITY-ST-ZIP STUART FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME BRINKMAN, WILLIAM
STREET ADDRESS 2355 NE OCEAN BLVD., #14A
CITY-ST-ZIP STUART FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD DELETE
NAME CULLEN, LOUIS
STREET ADDRESS 2355 NE OCEAN BLVD., #36A
CITY-ST-ZIP STUART FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, 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 changed, or on an attachment with an address.

SIGNATURE: *V. Santare*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT J. SANTARE

1-23-97

(561) 546-4926

Date

Daytime Phone # 0043396

CF2E037 (9/96)