

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90224 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731756**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/27/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0608924
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKOWSKI, HENRY	1.2 NAME	
STREET ADDRESS	2355 NE OCEAN BLVD., #3A	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTARE, VINCENT J	2.2 NAME	
STREET ADDRESS	2355 NE OCEAN BLVD #5B	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDVICK, SHIRLEY	3.2 NAME	
STREET ADDRESS	2355 NE OCEAN BLVD #18B	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMBOLI, ALBERT	4.2 NAME	
STREET ADDRESS	2355 NE OCEAN BLVD SUITE 21A	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINKMAN, WILLIAM	5.2 NAME	BASHOR, ARMAND
STREET ADDRESS	2355 NE OCEAN BLVD., #14A	5.3 STREET ADDRESS	2355 NE OCEAN BLVD. #29A
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, LOUIS	6.2 NAME	
STREET ADDRESS	2355 NE OCEAN BLVD., #36A	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: Sheriff **SIGNATURE REQUIRED** 3/8/99 861-225-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)