

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731756

1. Entity Name

BEACHWOOD VILLAS CONDOMINIUMS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90167 014 \*\*\*\*61.25

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 33455-6159
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o CONCEPT MGMT. SERVICE	3. Mailing Address c/o CONCEPT MGMT. SERVICE
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Suite, Apt. #, etc. 400 TONEY PENNA DRIVE	Suite, Apt. #, etc. 400 TONEY PENNA DRIVE
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City & State JUPITER FLORIDA	City & State JUPITER FLORIDA	4. FEI Number 59-0608924	Applied For <input type="checkbox"/> Not Applicable
Zip 33458	Country USA	Zip 33458	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKOWSKI, HENRY 2355 NE OCEAN BLVD., #3A STUART FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTARE, VINCENT J 2355 NE OCEAN BLVD #5B STUART FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUNDVICK, SHIRLEY 2355 NE OCEAN BLVD #18B STUART FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMBOLI, ALBERT 2355 NE OCEAN BLVD SUITE 21A STUART FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASHOR, ARMAND 2355 NE OCEAN BLVD., #14A STUART FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLEN, LOUIS 2355 NE OCEAN BLVD., #36A STUART FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHASHOUS, MORRIS 2355 NE OCEAN BLVD. #21B STUART FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Sanzobrin 2355 NE Ocean Blvd #30A Stuart, FL. 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: Suzanne R. [Signature] Date: March 29 2000 Daytime Phone #: 561-255-2566

CR2E037 (9/99)