

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90350 007 ****61.25

DOCUMENT # 731756

1. Entity Name

BEACHWOOD VILLAS CONDOMINIUMS, INC.

Principal Place of Business

Mailing Address

C/O CONCEPT MANAGEMENT SERVICE
 400 TONEY PENNA DRIVE
 JUPITER FL 33458

C/O CONCEPT MANAGEMENT SERVICE
 400 TONEY PENNA DRIVE
 JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0608924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SESSLER, KARL	
STREET ADDRESS	2355 NE OCEAN BLVD #25A	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTARE, VINCENT J	
STREET ADDRESS	2355 NE OCEAN BLVD #5B	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTSHAW, REBECCA	
STREET ADDRESS	2355 NE OCEAN BLVD #39B	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANZOBRIN, DON	
STREET ADDRESS	2355 NE OCEAN BLVD SUITE 21A	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BASHOR, ARMAND	
STREET ADDRESS	2355 NE OCEAN BLVD., #14A	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CULLEN, LOUIS	
STREET ADDRESS	2355 NE OCEAN BLVD., #36A	
CITY-ST-ZIP	STUART FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Louise Cullen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 (561) 225-0829
 Date Telephone #

CR2E037 (9/01)