

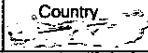



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90447 028 \*\*\*\*61.25

<b>DOCUMENT # 731756</b>					
<b>1. Entity Name</b> BEACHWOOD VILLAS CONDOMINIUMS, INC.					
<b>Principal Place of Business</b> C/O CONCEPT MANAGEMENT SERVICE 400 TONEY PENNA DRIVE JUPITER, FL 33458			<b>Mailing Address</b> C/O CONCEPT MANAGEMENT SERVICE 400 TONEY PENNA DRIVE JUPITER, FL 33458		
<b>2. Principal Place of Business</b> 2355 NE OCEAN BLVD Suite, Apt. #, etc.		<b>3. Mailing Address</b> ADVANTAGE PROPERT MGMT P.O. Box 65 Suite, Apt. #, etc.			
City & State STUART, FL		City & State JENSEN BEACH, FL			
Zip 34996		Country 		04132004 Chg-NP CR2E037 (10/03)	
Zip 34958		Country 		<b>4. FEI Number</b> 59-0608924	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JANE L. CORNETT, ESQ. WACKEN 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		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SESSLER, KARL	NAME			
STREET ADDRESS	2355 NE OCEAN BLVD #25A	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTARE, VINCENT J	NAME			
STREET ADDRESS	2355 NE OCEAN BLVD #5B	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUTSHAW, REBECCA	NAME			
STREET ADDRESS	2355 NE OCEAN BLVD #39B	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANZOBIN, DON	NAME			
STREET ADDRESS	2355 NE OCEAN BLVD SUITE 21A	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASHOR, ARMAND	NAME			
STREET ADDRESS	2355 NE OCEAN BLVD., #14A	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULLEN, LOUIS	NAME			
STREET ADDRESS	2355 NE OCEAN BLVD., #36A	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL	CITY-ST-ZIP			
<b>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.</b>					
<b>SIGNATURE:</b> <u>KARL A. SESSLER</u>		<u>4/16/04</u>		Date	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Daytime Phone #</small>					