


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90066 021 \*\*\*\*61.25

<b>DOCUMENT # 731756</b>					
1. Entity Name BEACHWOOD VILLAS CONDOMINIUMS, INC.					
Principal Place of Business 2355 NE OCEAN BLVD STUART, FL 34996			Mailing Address ADVANTAGE PROPERTY MGMT P.O. BOX 65 IENSEN BEACH, FL 34958		
2. Principal Place of Business		3. Mailing Address <i>1111 SE Federal Hwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 100</i>			
City & State		City & State <i>STUART, FL</i>		4. FEI Number 59-0608924	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <i>34994</i>		Country			
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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 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			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>D BREAU LT GEORGE</i>		
STREET ADDRESS		STREET ADDRESS	<i>2355 NE OCEAN BLVD # 4B</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>STUART, FL 34996</i>		
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 <i>[Signature]</i>			Date <i>2/20/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40051120

ATTACHMENT

D

Cutshaw, Bill  
2355 NE OCEAN Blvd # 398  
STUART, FL 34996

Addition