


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90204 006 \*\*\*\*61.25

**DOCUMENT # 731756**

1. Entity Name  
**BEACHWOOD VILLAS CONDOMINIUMS, INC.**



Principal Place of Business  
**2355 NE OCEAN BLVD  
 STUART, FL 34996 US**

Mailing Address  
**1111 SE FEDERAL HWY  
 SUITE 100  
 STUART, FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**60030721**



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0608924**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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 checked="" type="checkbox"/> Delete
NAME	SANTARE, VINCENT J	
STREET ADDRESS	2355 NE OCEAN BLVD #5B	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANZOBIN, DON	
STREET ADDRESS	2355 NE OCEAN BLVD SUITE 21A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BASHOR, ARMAND	
STREET ADDRESS	2355 NE OCEAN BLVD., #14A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CULLEN, LOUIS	
STREET ADDRESS	2355 NE OCEAN BLVD., #36A	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREAULT, GEORGE	
STREET ADDRESS	2355 NE OCEAN BLVD #4B	
CITY-ST-ZIP	STUART, FL 34996	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGNACCA, John	
STREET ADDRESS	2355 NE OCEAN BLVD # 16B	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIRBANKS, RICHARD	
STREET ADDRESS	2355 NE OCEAN BLVD. # 40B	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANZOBIN, DONALD	
STREET ADDRESS	2355 NE OCEAN BLVD # 21A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHREER, ALEX	
STREET ADDRESS	2355 NE OCEAN BLVD # 21A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	PD	<input checked="" 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 exemptions contained in Chapter 119, 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:** John R Magnacca **John R Magnacca**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

D  
CUTSHAW, BILL  
2355 NE OCEAN BLVD #39B  
SMOKE, FL 34996

60030721

#731756