


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90055 047 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01092007 Chg-NP CR2E037 (12/06)

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, 2007**

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	VPD	<input type="checkbox"/> Delete
NAME	SESSLER, KARL	
STREET ADDRESS	2355 NE OCEAN BLVD #25A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAGNACCA, JOHN	
STREET ADDRESS	2355 NE OCEAN BLVD 168	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRBANKS, RICHARD	
STREET ADDRESS	2355 NE OCEAN BLVD 408	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANZOBRIN, DONALD	
STREET ADDRESS	2355 NE OCEAN BLVD 21A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHREER, ALEX	
STREET ADDRESS	2355 NE OCEAN BLVD 2A	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	PD	<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		<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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanzobrin, Don	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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		

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:  **3-21-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BEACHWOOD VILLAS # 731756

Δ

DELETE

Cutshaw, Bill  
2355 NE OCEAN Blvd # 308  
STUART, FL 34996

ATTACHMENT

60029078

Δ

ADDITION

Mattson, Kenneth  
2355 NE OCEAN Blvd # 308  
STUART, FL 34996