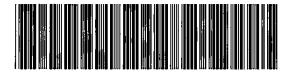
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SECRETARY OF STATE

P.A. Charge C.COULLIETTE MAY 2 8 2009

EXAMINER

GRAZI & GIANINO

Attorneys at Law A Partnership of Attorneys Including Professional Association

May 22, 2009

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re: Beacon 21 Condominium Association, Inc.

To whom it may concern:

Enclosed is our firm check numbered 14558 in the amount of \$35.00 and the necessary paperwork to change the registered agent. Please feel free to contact us if you have any questions or need anything further.

Sincerely,

Heather M. Chandler, Legal Assistant to MAXINE A. NOEL, ESQUIRE

Enclosures

G.\MNoel\ASSOCIATIONS\Beacon21 JKL&M\Division of Corp ltr.wpd

217 East Ocean Boulevard P.O. Drawer 2846 Stuart, Florida 34995-2846

Phone (772) 286-0200 Fax (772) 286-4789

Leif J. Grazi 1,2,5 lgrazi@gglawyers.com Maxine A. Noel 5 mnoel@gglawyers.com

Peter T. Gianino 3,4

Ryan S. Grazi pgianino@gglawyers.com rgrazi@gglawyers.com

1. Certified as Civil Trial Lawyer by the Florida Bar.

2. Certified by the Florida Supreme Court in Business Litigation.
3. Certified by the Florida Supreme Court in Family Mediation.
4. Certified by the Florida Supreme Court in Arbitration.
5. Certified by the Florida Supreme Court in Civil Mediation.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BEACON 21 CONDOM, NIUM ASSOCIATION, Inc. Name of Corporation		
DOCUMENT NUMBER: 738789		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MAXNE A. NDEL Name of Contact Person		
GRAZI & GANINO, LLP Firm/Company		
217 East OLEAN BLOD. Address		
STUART, FLORIDA 34994 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MAXINE A. NIEL at (772) 286-0200 Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BEACON 21 Condominion Association, Inc
2. The principal office address: 14th COURT, JEWSEW BEACH, FL 3495
3. The mailing address (if different): P.O. BOX 1293 JEWSEN BEACH, FL 34958
4. Date of incorporation/qualification: 04/25/977 Document number: 738789
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
RONALD H. NEZSON FOR
1310 NE 149 COVET K20 > = 1
JENSEN BEACH, PL 34957 SSR 26
6. The name and street address of the new registered agent (if changed) and /or registered office
MAKINE A. NOEL, ESQUIRES DE BOND P.O. BOX NOT acceptable
217 EAST DOEAN BLUD
P.O. Box NOT acceptable STUART, FX 34994
,
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
JANE A. SWARTZWELDER, Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Me het 05/20/09
Signature of Registered Agent, MHXNE A, NOEL, S. If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *