

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739540

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** BEAUX ARTS ASSOCIATES OF MUSEUM ART, INC., FORT LAUDERDALE, FLORIDA

**Current Principal Place of Business:**

ONE EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

ONE EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREI, CAROL C  
39 CASTLE HARBOR ISLE  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PRINTZ, JULLIAN K  
Address: 1543 SE 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S  
Name: RODE, VALERIE M  
Address: 1500 CORAL RIDGE DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T  
Name: FREI, CAROL C  
Address: 39 CASTLE HARBOR ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P  
Name: ZINN, JUDY  
Address: 1548 SE 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL C. FREI

TREA

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date