

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741578 (9)

1. Corporation Name

BEACHTREE I CLUSTER, INCORPORATED

Principal Place of Business

Mailing Address

2400 S. OCEAN DRIVE
FT. PIERCE FL 34949

2400 S. OCEAN DRIVE
FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1978 3a. Date of Last Report 03/25/1994
4. FEI Number 59-1874033 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHER, GEORGE H.
2400 S. OCEAN DRIVE
FT. PIERCE FL 34949

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	AT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEHRING, WILLIAM	1.2 NAME	Conway, Jack
STREET ADDRESS	2400 S. OCEAN DR.	1.3 STREET ADDRESS	2400 S. Ocean Dr.
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARFF, KARL	2.2 NAME	
STREET ADDRESS	2400 S. OCEAN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	VPAT	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAGH, THOMAS	3.2 NAME	
STREET ADDRESS	2400 S. OCEAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYBURY, THOMAS	4.2 NAME	
STREET ADDRESS	2400 S. OCEAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELBY, DONALD	5.2 NAME	
STREET ADDRESS	2400 S. OCEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, JAMES	6.2 NAME	Mann, Richard
STREET ADDRESS	2400 S. OCEAN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karl Scharff, Treasurer

407-489-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Scharff

Date

3/3/95

Daytime Phone #