

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified
02/09/1978

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1874033

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	GEHRING, WILLIAM	
STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHARFF, KARL	
STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KAVANAGH, THOMAS	
STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAYBURY, THOMAS	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELBY, DONALD	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANN, RICHARD	
STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miller, David	
1.3 STREET ADDRESS	2400 S. Ocean Dr.	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Herzog, Shirley	
3.3 STREET ADDRESS	2400 S. Ocean Dr.	
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Maybury
THOMAS MAYBURY

4/25/96

(407) 489-0300

Date

Daytime Phone #

CR2E037 (12/95)