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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34949-8018



3. Date Incorporated or Qualified 02/09/1978  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

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 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 TD  
NAME MILLER, DAVID  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE D  
1.2 NAME Miller, David  
1.3 STREET ADDRESS 2400 S. Ocean Dr.  
1.4 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE PD  
NAME SCHARFF, KARL  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

2.1 TITLE D  
2.2 NAME Tomaino, Frank  
2.3 STREET ADDRESS 2400 S. Ocean Dr.  
2.4 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE SD  
NAME HERZOG, SHIRLEY  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

3.1 TITLE SD  
3.2 NAME Conway, Jack  
3.3 STREET ADDRESS 2400 S. Ocean Dr.  
3.4 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE D  
NAME MAYBURY, THOMAS  
STREET ADDRESS 2400 S. OCEAN DRIVE  
CITY-ST-ZIP FT. PIERCE FL

4.1 TITLE PD  
4.2 NAME Maybury, Thomas  
4.3 STREET ADDRESS 2400 S. Ocean Dr.  
4.4 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE D  
NAME SHELBY, DONALD  
STREET ADDRESS 2400 S. OCEAN DRIVE  
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE VPD  
5.2 NAME Shelby, Donald  
5.3 STREET ADDRESS 2400 S. Ocean Dr.  
5.4 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE D  
NAME MANN, RICHARD  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

6.1 TITLE TD  
6.2 NAME Camis, Robert  
6.3 STREET ADDRESS 2400 S. Ocean Dr.  
6.4 CITY-ST-ZIP Ft. Pierce, FL 34949

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED* 4/28/97 561-489-0300

CR2E037 (9/96)