## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 750630** 

1. Corporation Name

BEACON POINT, INC.

				٠.
Principal	Place	of	Business	

Mailing Address

2a. Mailing Address

27

Suite, Apt. #, etc.

4590 SO ATLANTIC AVE BOX 80 PONCE INLET FL 32127

2. Principal Place of Business

Suite, Apt. #, etc.

4590 SO ATLANTIC AVE BOX 80 PONCE INLET FL 32127

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90062 011 \*\*\*\*61.25

	. <b>61</b> 118 <b>9</b> 18 <b>14</b> (11)	! <b>40</b>    11   14	

3. Date incorporated or Qualifed

01/16/1980 4. FEI Number

59-2018545

22		27					59-2018	5040			lot Applicable	
City & State	9	T	City & State				5. Certifcate	of Status Desired		•	Additional	
23		28						<del></del>			Required	
Zip	Country	L	Zip	Country			6. Election C	ampaign Financing		•	May Be	
24	25	29	30				Trust Fun		to Fees			
<ol> <li>Name and Address of Current Registered Agent</li> </ol>							10. Name an	d Address of New I	Registered A	lgent		
						18						
KENNEDY, MICHAEL					82 Street Address (P.O. Box Number is Not Acceptable)							
687 BEVILL RD												
DAYTONA FL											J	
DATTONA FL				84	84 City 85 Zip Code							
·					City				FL			
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12												
12.	OFFICERS AND	DIR		13.			ADDITION	S/CHANGES TO UP	FICERS AND			
TITLE	P		XX DELETE	1.1 TITLE		Pre	es.		xx	Change	, T voginou	
NAME	MEALY, GLEN			1.2 NAME		3 - × 6	Bormen,	Jack			_ ]	
STREET ADDRESS	4590 S. ATLANTIC AVE., #157			1.3 STREET	ADDRE	ss Z	1590 S.	Atlantic	Ave.	#137		
CITY-ST-ZIP	PONCE INLET FL 32127			1.4 CITY-\$1	-ZIP	┵	once I	nlet FL 3	2127			
TITLE	V		× DELETE	2.1 TITLE		VP				Change	Addition	
NAME	KISSER, JOSEPH			2.2 NAME		l' k	athrvn	Wickline				
STREET ADDRESS	4590 S ATLANTIC AVE, #158			2.3 STREET	ADDRE			Atlantic		#144		
CITY-ST-ZIP	PONCE INLET FL 32127			2. 4 CITY-S	T-ZIP							
TITLE	D		X DELETE	3.1 TITLE		ם '		<del>nlet, FL</del>		Change	Addition	
NAME	WILABY, MERLIN			3.2 NAME		2 2 3		y, Charlo				
STREET ADDRESS	4590 S. ATLANTIC AVE., #152			3.3 STREET	ADDRE	sś i'''	4590 S.	Atlanti	c, #15	2		
CITY-ST-ZIP	PONCE INLET FL			3.4. CITY-S	T-ZIP		Ponce I	nlet FL :	32127			
TITLE	D		DELETE	4.1 TITLE			·		,	Change	Addition Addition	
NAME	KISER, JOSEPH			4. 2 NAME		J	epson,	Carolyn				
STREET ADDRESS	4590 S. ATLANTIC AVE., #158			4.3 STREET	ADDRE	ss 4	590 S.A	tlantic /	Ave. #	265	*	
CITY-ST-ZIP	PONCE INLET FL			4.4 CITY-S	r-ZIP	P	once Ir	let FL 3	2127			
TITLE	D		XX DELETE	5.1 TITLE						Change	e	
NAME	NUNGESSOR, ROY			5.2 NAME			oane, E	rnie			İ	
STREET ADDRESS	4590 S. ATLANTIC AVE., #246-A	١		5.3 STREET	ADDRE	I		Atlantic	Ave.	#247		
CITY-ST-ZIP	PONCE INLET FL			5.4 CITY-S	T-ZIP	1		let FL 3				
TITLE	S		X DELETE	6.1 TTLE		,	/T			Change	B ☐ Addition	
NAME	TRUSWELL, KATHERINE		·	6.2 NAME	,		ylie, C	lalares		•		
STREET ADDRESS	l	2		6.3 STREET	ADDRE				#304			
CITY-ST-ZIP	DONICE INITED EL 20107			6.4 CITY-S	r-ZIP	1		Atlantic	•		. 1	
44	- with the the left mation over lied with	thie '	filing does not qualify for th	o ovemoti	on etc	ted in Se	SALL FIRE OF A	(it Plotida Statutes	I A Mark Seff	ify that the	information	

Interestly certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I former 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, with all other like empowered.

SIGNATURE:

1-20-99788-9439
Date Davima Phone #

Applied For

Not Applicable