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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 754534**

1. Corporation Name

BEACH PLAZA SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Plac	e of Business	M	lailing Address						
C/O MIGDALIA PASCUAL C/O MIGDALIA PASCUAL						# (EBY) 4186 (1816 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$1			
			2939 INDIAN CREEK DR. #202 MIAMI BCH. FL 33140						
MIAMI BCH. FL 33140 MIAMI BCH. FL 33140							1 165 111 165 at 11 at 10 at 10 at 11 at 1		
2. Principal P	lace of Business	2a	Mailing Address		•		Date Incorporated or Qualifed		
21		26					10/08/1980	<del></del> -	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number Applied For S9-2294922 Not Applicable		
22		27	City & State				0_000	ts 7	5 Additional
City & Stat	le .	20	Uny & State				5. Certificate of Status Desired		Required
Zip	Country	28	Zip	Co	untry	,	6. Election Campaign Financing	\$5.0	00 May Be
24	25	29		30	·		Trust Fund Contribution		ed to Fees
	9. Name and Address of Curren		stered Agent				10. Name and Address of New Registered Age	ent	······································
					81	Name			
PASCUAL.	, MIEDALIA				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
2939 INDIAN CREEK DR.							`		
#202					83				
MIAMI BCI	H. FL 33139				84	City	FL '	85 Z	ip Code
					نــــــــــــــــــــــــــــــــــــــ		poration submits this statement for the purpose of cha		ite registerer
office or i	registered agent, or both, in the State registered agent, or both, in the State rm familiar with, and accept the obliga	of Flori	ida. Such change was a	แมทกกรล	n nv	the comoration	on's board of directors. I hereby accept the appointm	ent a	s registered
SIGNATURE							d when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AI			:: Registere		H signature required	ADDITIONS/CHANGES TO OFFICERS AND I	DIRE	CTORS IN 12
TITLE	PD	VD DIIX	DELETE		me			] Char	
NAME	CASTANEDA, PABLO			121	AME				
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NAME	PASCUAL, MIGDALIA			2.21	IAME				
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CITY-ST-ZIP	MIAMI BCH. FL			2.4	CITY-S	ST-ZIP		7.05	
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NAME	KORCHEVSKY, ANNA			3.21	NAME				
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NAME	LOPEZ, JUAN			4. 2	NAME				
STREET ADDRESS	2939 INDIAN CREEK DR., #403	3		4.3 9	STREET	TADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			4.4 (	CITY-S	T-ZIP			
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NAME				5.21	NAME				
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NAME	1			6.21	NAME				
	.!			633	STREE	TADORESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/0//99 Daytime Phone

FILED Aug 18, 1999 8:00 am § Secretary of State

08-18-1999 90005 044 \*\*\*\*61.25

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