

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770102** (2)

1. Corporation Name

BEACON 21 CONDOMINIUM "N THROUGH T" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3125 SW MAPP RD.
PO BOX 3385
PALM CITY FL 34985

3125 SW MAPP RD.
PO BOX 3385
PALM CITY FL 34985-3385



2. Principal Place of Business 21 7601 SW LOST RIVER ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 3385 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/02/1983		3a. Date of Last Report 04/09/1996	
22 City & State 23 STUART FL		27 City & State 28 STUART FL		4. FEI Number 59-2474508		Applied For Not Applicable	
24 Zip 43997		25 Country USA		29 Zip 34997		30 Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROP MGMT
3125 SW MAPP RD
PALM CITY FL 33490

81 Name	PRESTIGE PROP MGMT		
82 Street Address (P.O. Box Number is Not Acceptable)	7601 SW LOST RIVER ROAD		
83			
84 City	STUART	85 State	FL
		86 Zip	34997

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]
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	P	1.1 TITLE	P/T
NAME	DEAN, ED	1.2 NAME	SPRAUL, BILL
STREET ADDRESS	1416 NE 14TH COURT T-49	1.3 STREET ADDRESS	1401 NE 14TH CT, 0-8
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	VPD	2.1 TITLE	VP/D
NAME	SPRAUL, BILL	2.2 NAME	LUCAS, ERNIE
STREET ADDRESS	1401 N.E. 14TH CT., 0-8	2.3 STREET ADDRESS	1411 14TH CT, P-13
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	TD	3.1 TITLE	T/D
NAME	ELLIOTT, DON	3.2 NAME	ANDRESON, LINDA
STREET ADDRESS	1441 N.E. 14TH CT., N-4	3.3 STREET ADDRESS	1401 NE 14TH CT, 0-5
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	SD	4.1 TITLE	S/D
NAME	DABOLA, JOE	4.2 NAME	DABOLA, JOE
STREET ADDRESS	1451 NE 14TH CT S-43	4.3 STREET ADDRESS	1451 NE 14TH CT, S-43
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	JENSEN BEACH, FL
TITLE		5.1 TITLE	D
NAME		5.2 NAME	DEAN, ED
STREET ADDRESS		5.3 STREET ADDRESS	1416 NE 14TH CT, T-49
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JENSEN BEACH, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]
SIGNATURE REQUIRED

[Signature]

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