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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

**701 SW LOST RIVER ROAD
STUART FL 34997**

**PO BOX 3365
STUART FL 34997**

3. Date Incorporated or Qualified

09/02/1983

4. FEI Number

59-2474508

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESTIGE PROP MGMT
7601 SW LOST RIVER ROAD
STUART FL 34997**

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

TITLE **PT** ☐ DELETE

NAME **SPRAUL, BILL**
STREET ADDRESS **1401 NE 14TH CT, 0-8**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **VPD** ☐ DELETE

NAME **LUCAS, ERNIE**
STREET ADDRESS **1411 14TH CT., P-13**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **TD** ☐ DELETE

NAME **ANDERSON, LINDA**
STREET ADDRESS **1401 NE 14TH CT. 0-5**
CITY-ST-ZIP **JENSEN BEACH**

TITLE **SD** ☐ DELETE

NAME **DABOLA, JOE**
STREET ADDRESS **1451 NE 14TH CT, 8-43**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☐ DELETE

NAME **DEAN, ED**
STREET ADDRESS **1416 NE 14TH CT, T-49**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **DEAN, ED**
1.3 STREET ADDRESS **1416 NE 14th CT, T-49**
1.4 CITY-ST-ZIP **JENSEN BEACH FL**

2.1 TITLE **VP/D** ☒ Change ☐ Addition

2.2 NAME **BAKER, CHARLIE**
2.3 STREET ADDRESS **1421 NE 14th CT, Q-23**
2.4 CITY-ST-ZIP **JENSEN BEACH FL**

3.1 TITLE **S/D** ☐ Change ☐ Addition

3.2 NAME **NALLY, GLORIA**
3.3 STREET ADDRESS **1461 NE 14th CT, T-51**
3.4 CITY-ST-ZIP **JENSEN BEACH FL**

4.1 TITLE **T/D** ☒ Change ☐ Addition

4.2 NAME **SMITH, JIM**
4.3 STREET ADDRESS **1411 NE 14th CT, P-15**
4.4 CITY-ST-ZIP **JENSEN BEACH FL**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **DUBOISE, BILL**
5.3 STREET ADDRESS **1451 NE 14th CT S-38**
5.4 CITY-ST-ZIP **JENSEN BEACH FL**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **CONKLIN, BARBARA**
6.3 STREET ADDRESS **1421 NE 14th CT, Q-22**
6.4 CITY-ST-ZIP **JENSEN BEACH FL**

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.

SIGNATURE: **Edward O. Dean** **EDWARD O. DEAN** **4-7-98** **561-334-2450**

CR2E037 (10/97)