FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am § Secretary of State

04-02-1999 90031 030 ****61.25

DOCUMENT # 770102

1. Corporation Name

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

Principal Place of Business 701 SW LOST RIVER ROAD STUART FL 43997

Mailing Address PO BOX 3385 STUART FL 34997

	1								
21	2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualifed 09/02/1983				
22	Suite, Apt. #, etc. 7136 SE OSPREY STREET	Suite, Apt. #, etc. BOX 100			4.	FEI Number 59-2474508		_	Applied For Not Applicable
23	City & State HOBE SOUND, FL	City & State 28 JENSEN BEACH,	FI	٠	5.	Certificate of Status Desired			75 Additional ee Required
24	Zip Country 33455 25 USA	Zip Coi 29 34957 30	untry US		6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
-	9. Name and Address of Current		10. Name and Address of New Registered Agent						
PRESTIGE PROP MGMT 7601 SW LOST RIVER ROAD				Street Addres	Name GEORGE E. URGO Street Address (P.O. Box Number is Not Acceptable) CONCEPT MANAGEMENT SERVICE				
STUART FL 34997			83	7136 SE OSPREY STREET					
-	f.,		84	City HOBE	SO	UND	FL	85	Zip Code 33455

11. Pursuant office or re agent. I a	to the provisions of Sections 617.0502 and 617.1508, Florida Sta egistered agent, or both, in the State of Florida. Such change wa m familiar with, and accept the objection of, Section 617.0503,	stutes, the above-named cors s authorized by the corporat Florida Statutes.	ion's board of directors. I he	ent for the purpose of changing its reby accept the appointment as re	gistered
SIGNATURE	Olay 1120	Managin OTE: Registered Agent signature requi	g Agent	03/15/99 DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	PD DELETE	1,1 TITLE		☐ Change	☐ Addition
NAME	DEAN, ED	1.2 NAME			
STREET ADDRESS	1416 NE 14TH CT, T-49	1.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL	1.4 C/TY-ST-ZIP			
TITLE	VPD DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	BAKER, CHARLIE	2.2 NAME	<u>.</u>		
STREET ADDRESS	1421 NE 14TH CT, Q-23	2.3 STREET ADDRESS			į
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP			
TITLE	\$D □ DELETE	3.1 TITLE		Change	☐ Addition
NAME	NALLY, GLORIA	3.2 NAME		•	
STREET ADDRESS	1461 NE 14TH CT, T-51	3.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH	3.4. CITY-ST-ZIP			
TITLE	TD DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	SMITH, JIM	4.2 NAME			
STREET ADDRESS	1411 NE 14TH CT S-38	4.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	DUBOISE, BILL	5.2 NAME			1
STREET ADDRESS	1451 NE 14TH CT S-38	5.3 STREET ADDRESS			1
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP			
TITLE	D DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	CONKLIN, BARBARA	6.2 NAME			
STREET ADDRESS	1421 NE 14TH CT, Q-22	6.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY+ST-ZIP			

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.

SIGNATURE:

770102 285036 90031.30

CORPORATION ANNUAL REPORT ADDITIONAL OFFICERS AND DIRECTORS 1999

FOR:

Beacon 21 Condominium "N through T" Association, Inc.

DOCUMENT#

770102

TITLE

D

NAME

Spraul, Katherine

STREET ADDRESS

1401 NE 14th Court, #O-8

- CITY-ST-ZIP

- Jensen Beach, FL 34957 -

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP