


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 037 ****61.25

DOCUMENT # 770102	
1. Entity Name BEACON 21 CONDOMINIUM "N THROUGH T" ASSOCIATION, INC.	

Principal Place of Business 1421 NE 14TH COURT BOX 100 JENSEN BEACH FL 34957	Mailing Address PO BOX 1863 PALM CITY FL 34991
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2474508	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent</td> <td>7. Name and Address of New Registered Agent</td> </tr> <tr> <td rowspan="3"> ZALBEN, JERRY J & J PERSONALIZED MANAGEMENT 3665 FSW QUAIL MEADOW PALM CITY FL 34990 </td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable) 125 B Lakes End Drive</td> </tr> <tr> <td>City FT Pierce FL Zip Code 34982</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	ZALBEN, JERRY J & J PERSONALIZED MANAGEMENT 3665 FSW QUAIL MEADOW PALM CITY FL 34990	Name	Street Address (P.O. Box Number is Not Acceptable) 125 B Lakes End Drive	City FT Pierce FL Zip Code 34982
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent						
ZALBEN, JERRY J & J PERSONALIZED MANAGEMENT 3665 FSW QUAIL MEADOW PALM CITY FL 34990	Name						
	Street Address (P.O. Box Number is Not Acceptable) 125 B Lakes End Drive						
	City FT Pierce FL Zip Code 34982						

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAN, ED 1416 NE 14TH CT, T-49 JENSEN BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELY, CARL 1441 14TH CT, #N2 JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NALLY, GLORIA 1461 NE 14TH CT, T-51 JENSEN BEACH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEAN, DICK 1441 NE 14TH CT N 4 JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPRAUL, KATHRINE 1421 NE 14TH CRT, BOX 100 JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAIQUE, AL 1427 NE 14TH CT Q-17 JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Zalben 5/23/07 877-288-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #