## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 770102

1. Entity Name



## FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90142 027 \*\*\*\*61.25

BEACON INC.	21 CONDOMINIUM "N THRO	ugh t" association	l,		110 2005 901 12 02,	01.25	
Principal Plac	ce of Business	Mailing Address		_			
		PO BOX 1863 PALM CITY FL 34991					
JENGEN DENO	11 1 C 54007	TREM OFFI TE OTODI		1 100111 10011 1001		II EIBII BIBII BIBII ILBI	
2. Principal Place of Business 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING CH	IANGES	
City & State		City & State		4. FEI Number 59	-2474508	Applied For Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Sta		.75 Additional	
	6. Name and Address of Current			7. Name and Addr	ess of New Registered Ager		
			Name				
ZALBEN, JERRY J & J PERSONALIZED MANAGEMENT			Street Addres	s (P.O. Box Number is N	ot Acceptable)		
	SW QUAIL MEADOW						
PALM CI	TY FL 34990		City		FL	Zip Code	
	e named entity submits this statement fo ກ່ວງາຣ of registered agent. ໃ	or the purpose of changing its r	registered office or regis	stered agent, or both, in the	ne State of Florida. I am famil	iar with, and accep	
SIGNATURE .							
_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE		
1	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC		
TITLE NAME	VPD DEAN, ED	☐ Delete	TITLE NAME			Change	
STREET ADDRESS	1416 NE 14TH CT, T-49		STREET ADDRESS				
CITY-ST-ZIP	JENSEN BEACH FL		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			Change Addition	
NAME STREET ADDRESS	MITCHELL, DON 1441 14TH CT #N-1		NAME		· <u> </u>		
	JENSEN:BEACH:FL:34957~		STREET ADDRESS 🚂 🕶	erior Enge	~ # N4		
	TUENOEN DEAUTIFL 34307 -	and a reference of	STREET ADDRESS	ulio, Buja uline in di	104 # N4 KET 5415	7	
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12. 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 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:** 

4/6/03 288-0894 Date Davime Phone #