

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00375

FILED
Feb 09, 2008
Secretary of State

Entity Name: BEAUMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6590 SW 13 STREET
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

6591 SW 13 STREET
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0216570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVEN D
6591 SW 13 STREET
PLANTATION, FL 333175154 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SMITH, STEVEN
Address: 6591 S.W. 13 STREET
City-St-Zip: PLANTATION, FL 333175154

Title: PD () Delete
Name: OLLIVIERRE, CHARLES
Address: 6590 SW 13 STREET
City-St-Zip: PLANTATION, FL 333175154

Title: D () Delete
Name: DYKOWSKI, ROBERT
Address: 6540 SW 13TH ST
City-St-Zip: PLANTATION, FL 333175154

Title: D () Delete
Name: KUCHENREUTHER, LEO
Address: 1211 SW 65TH AVE
City-St-Zip: PLANTATION, FL 333175154

Title: SD () Delete
Name: MANDEL, RACHEL L
Address: 6481 S W 13TH ST
City-St-Zip: PLANTATION, FL 333175154

Title: D () Delete
Name: AVILA, JAVIER
Address: 6420 SW 13 STREET
City-St-Zip: PLANTATION, FL 333175154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAGENHEIMER, STEWART
Address: 6510 SW 13 ST
City-St-Zip: PLANTATION, FL 333175154

Title: SD (X) Change () Addition
Name: MANDEL, RAQUEL L
Address: 6481 S W 13TH ST
City-St-Zip: PLANTATION, FL 333175154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN D. SMITH

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02/09/2008

Electronic Signature of Signing Officer or Director

Date