2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000001477

1. Entity Name
THE SHOPPES AT BEACON LIGHT MERCHANTS



Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91011 049 ****61.25

FILED

ASSOCIATION, INC.											
Principal Place of Business 2400 BLOCK OF N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064 BOX #243 LIGHTHOUSE POINT, FL 3				33064							
2. Principal P	lace of Business	3. Mailing Address 2436 N. FO	Mailing Address 1436 N. FEDERAL HWY								
Suite, Apt.	#, etc.	Boy #243	04 #243			04162004 Chg-NP CR2E037 (10/03)					
City & State	9	City & State UGITHOUSE	LIGHTHOUSE POINT, FL			1 or 4400704 H				plied For t Applicable	
Zip	Country	33064 Ca		ıntry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Code	,	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	ed office or	register	ed agent, or both, is	the State of Flo	orida. I am fa	ımiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) : DATE											
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Trust Fund Contribu						\$5.00 May Be Added to Fees	in the state of t	lake check Ida Depart			
10.	OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHANG	SES TO OFFICE	RS AND DIR	ECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, ROGER 11862 NW 13TH AVE. PEMBROKE PINES, FL 33026	Delete		E ET ADDRESS	79	OFORS	4774 S	T	□ Change	Addition	
TITLE NAME	D WORDEN, DONALD	☐ Delete	TITLE	- 1	0	CHAEL C			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2131 NW 33 ST. LIGHTHOUSE POINT, FL 33064		STRE	ET ADORESS -ST-ZIP	22 LIG	35 NE HTHOUSE	31ST 5	T FL. 3	306	4	
TITLE NAME	DP ANDERSON, PETER C	Delete	TITLE	E ·	DMIL	LIEW	ALSH		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2650 NE 24TH STREET POMPANO BEACH, FL 33064	و د المحکوم ال المحکوم المحکوم المحکو		ET ADDRESS	27	PANO B	James C	ナーラ と、3、	306	シー	
TITLE NAME	D RATZER, CARL	Defete	TITLE NAM	E	DTO	H SWI	TZER	•	☐ Change	Addition	
STREET ADDRESS City-St-Zip	21860 FALL RIVER DR. BOCA RATON, FL 33428							Fir	330	57-	
TITLE	PST BOYD MAR JORIE H	☐ Delete	TITLE	E	0,10	BROKE NU BRO	OKER		☐ Change	Addition	
NAME STREET ADDRESS	BOYD, MARJORIE H 5949 NW 74TH ST	~	NAM! STRE	ET ADDRESS	235	TO NE 27	TER	RACE		!	
CITY-ST-ZIP	POMPANO BEACH, FL 33067		CITY	- ST- ZIP	POM	IPANO BE	EACH, F	-L. 3	3067	۷	
TITLE NAME	DV DAVIS, CHARLES R	Delete	TITL	E	PCH	HARLES R. 6 SW 14	DAUL	5	Change	☐ Addition	
STREET ADDRESS	936 SW 14TH AVE			ET ADDRESS	93	65W14	10 AVE	ي ريس ري	٠ ٤،	101	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	Abia Elian alama ant amelik at a	┸	-ST-ZIP		ERFIEL					
12. I Derehv (certify that the information supplied with	THIS TURNO GOES NOT QUALITY FOR	me exe	motion state	an in Se	ocnon 119 (17(3)(i) F	iorida Statutes	LIUMBER CERT	n that the ir	normation I	

Indicated on this report or supplied with this filing does not duality for the exampleon stated in Section 119.07(3)(f), Florida Statutes. Florida 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.

954-941-3213 MARJURIE H-BOYD

2004 NOT-FOR-PROFIT CORPORATION AHachment

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2. Principal Place of Business									
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037	(10/03)		
City & State	City & State			4. FEI Number 65-11307	731			plied For t Applicable	
Zip Country	Zip	Zip Co.		5. Certificate of Stat		\$	8.75 Add	itional	
6. Name and Address of Current	Registered Agent	Istered Agent			ddress of New R		ee Require zent	o	
			Name					·	
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD SUITE 30 MIAMI, FL 33131	000		Street Address (P.O. Box Number is Not Acceptable)						
, m., vm,, 12 33131									
			City			FL	Zip Cod	9	
8. The above named entity submits this statement for	or the purpose of changing its r	egister	ed office or regis	stered agent, or both,	in the State of Flo	rida. Iam fa	miliar with,	and accept	
the obligations of registered agent.									
: SIGNATURE									
Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature requ	uired when reinstating)		DATE			
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mr.e D	- Delete						☐ Change	☐ Addition	
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l	LIGHTHOUSE POINT, FL 33064								
TITLE DP	☐ Delete	TITL	E				Change	Addition	
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CITY-ST-ZIP POMPANO BEACH, FL 33064			-ST-ZIP						
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CITY-ST-ZIP BOCA RATON, FL 33428		•	-ST-ZIP						
nne PST	☐ Delete	nπ	€ Si	T	H Ba	V/D	Change	☐ Addition	
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CITY-ST-ZIP POMPANO BEACH, FL 33067			-ST-ZIP	ALJORIE 149 NW IKLAND	FEL 3	306	7		
TITLE DV	☐ Delete	ΤΙΤL	E				Change	☐ Addition	
l · · · · ·	[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ET ADDRESS]	
CITY-ST-ZIP DEERFIELD BEACH, FL 33441			- ST-ZIP					}	
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: Maryanie A Bayd S.T MAESORIE H. BOYD. 4/19/04 954941-3213									