

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90155 003 \*\*\*\*61.25

<b>DOCUMENT # N01000001477</b> 1. Entity Name <b>THE SHOPPES AT BEACON LIGHT MERCHANTS ASSOCIATION, INC.</b>					
Principal Place of Business 2400 BLOCK OF N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064			Mailing Address 2436 N. FEDERAL HWY BOX #243 LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1130731</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>B &amp; C CORPORATE SERVICES, INC.</b> <b>201 SOUTH BISCAYNE BLVD SUITE 3000</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>CHARLES R. DAVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>436 SW 14TH AVE</b> <b>DEERFIELD BEACH, FL 33441</b> City <b>FL</b> Zip Code	
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 <i>Charles R. Davis</i> <b>CHARLES R. DAVIS</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4-23-05</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BORQUET, LINDA</b> <input type="checkbox"/> Delete <b>790 FORSYTH ST.</b> <b>BOCA RATON, FL 33487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LINDA BORQUET</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 E ROYAL PALM RD # 302</b> <b>BOCA RATON, FL 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WORDEN, DONALD</b> <input checked="" type="checkbox"/> Delete <b>2131 NW 33 ST.</b> <b>LIGHTHOUSE POINT, FL 33064</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOM D. BROOKER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2350 NE 27 TERR.</b> <b>POMPAHO BEACH, FL 33064</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALSH, MILLIE</b> <input type="checkbox"/> Delete <b>2771 NE 22ND CT</b> <b>POMPAHO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SWITZER, TOM</b> <input type="checkbox"/> Delete <b>921 SW 86TH AVE</b> <b>PEMBROKE PINES, FL 33025</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>BOYD, MARJORIE H</b> <input type="checkbox"/> Delete <b>5949 NW 74TH ST</b> <b>POMPAHO BEACH, FL 33067</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DAVIS, CHARLES R</b> <input type="checkbox"/> Delete <b>936 SW 14TH AVE</b> <b>DEERFIELD BEACH, FL 33441</b>		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 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 another like empowered.					
<b>SIGNATURE:</b> <i>Charles R. Davis</i> <b>CHARLES R. DAVIS</b> <b>4-23-05</b> <b>954-942-9318</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					