2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FILED Aug 12, 2005 08:00 AM Secretary of State

Daylime Phone #

	AITITOAL	MELOKI			R.		C C4-4
DOCUMENT # N0200001015 1. Entity Name BEVERLY HEIGHTS ASSOCIATION, INC.					50	ecretary	y of State
827 S.E. 2N	ERDALE, FL 33301	Mailing Address -827 S.E. 2ND STREET FORT LAUDERDALE, FL 3330	1				å! # ## ## # ###########################
	OO NOT WRITE	IN THIS SPA	CE	06292005 4. FEI Numb 45-040		CR2E037 (
	5. Name and Address of Current Re	gistered Agent					
MANCUSO, RICHARD 827 S.E. 2ND STREET FORT LAUDERDALE, FL 33301					NOT W THIS SF		
8. The above	named entity submits this statement for the	e purpose of changing its registere	ed office or reg	istered agent, or be	oth, In the State of Fl	orlda. I am familia	ar with, and accept
tue optiga	tions of registered agent.				-		
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE. Registered A				quired when reinstaling)		DATE	
Filling Fee is \$61.25 Due by September 7, 2005 9. Election Campalgn Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIF	RECTORS	I		Fast age 1	· · · · · · · · · · · · · · · · · · ·	-
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD MANCUSO, RICHARD 827 SE 2ND STREET FORT LAUDERDALE, FL 33301		~	-7	U0000	0376251 -8 0001-00	a et es
NAME STREET ADDRESS CITY-ST-ZIP	VD FERTIG, DALE 1009 SE 2ND STREET FORT LAUDERDALE, FL 33301		and the second s	**************************************	emper men	00001 00	J ULA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELLMETH, JOE 1109 SE 2ND STREET FORT LAUDERDALE, FL 33301		-	DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHODES, NANETTE 1001 SE 2ND STREET FORT LAUDERDALE, FL 33301			· ··IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDINA, GEORGE 10 SE 10TH AVE. FORT LAUDERDALE, FL 33301						
TITLE NAME STREET ADDRESS				-	-		

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.

Mancus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR