FILED Feb 26, 2004 8:00 am Secretary of State 02-09-2004 90061 024 ****61.25

1. Entity Nam	MENT # N03000008 ST TENTH CONDOMINIUN		c.					
27 PENNOCK LN #205 27 F		Mailing Address 27 PENNOCK LN #20 JUPITER, FL 33458	PENNOCK LN #205		66403526			
.2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.		01302004 CI	hg-NP CR2E0	37 (10/03)		
City & State		City & State		4. FEI Number 34-21	30941		plied For t Applicable	
Zip 	Country	Zip .	Country	5. Certificate of St		\$8.75 Add Fee Required		
	8. Name and Address of Current	Registered Agent			iress of New Registered	Agent		
BECK, RICHARD				Name				
27 PENNOCK LN #205- JUPITER, FL 33458			Sueet Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		FI	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								
<u> </u>								
Filing Fee is \$61.25 9. Election Campaign Fir Due by May 1, 2004 Trust Fund Contributed				\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to rtment of St		
10,	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	D	☐ Defete	TITLE			Change	☐ Addition	
NAME :	BECK, RICHARD		NAME OTROCK ARRESTS				j	
STREET ADDRESS CITY+ST-ZIP	% 27 PENNOCK LN #205 JUPITER, FL 33458		STREET ADORESS CITY-ST-ZIP			•		
TITLE	D	☐ Defete	TITLE			☐ Change	Addition	
NAME	FRANCAVILLA, EUGENE F		NAME					
STREET ADDRESS	% 27 PENNOCK LN #205		STREET ADDRESS CITY-ST-ZIP				.]	
CITY-ST-ZIP	JUPITER, FL 33458						Addition	
TITLE NAME	KELLAR, LUCY-ANN	☐ Delete -	TITLE			☐ Change	LI Addition	
STREET ADDRESS	% 27 PENNOCK LN #205		STREET ADDRESS				. [
CITY-51-21P	JUPITER, FL 33458		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
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CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP		at the same of the	City-s1-ziP		2 14-0	116 . AL A .		
12. I heraby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I Auther 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 cath; that I am an officer or director of the corporation or the receiver or trustee impowered 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: Kyral Geole 26/04 SLIGH 2599								