## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N05000003541



**FILED** Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90022 044 \*\*\*\*61.25

BEACON HILL CONDOMINIUM ASSOCIATION, INC.								• 0 0	.m.1.u.1				
Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653			5522 Suite	Mailing Address 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653									
2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04042008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Number 20-31257	787		<u>`</u>	oplied For ot Applicable	
Zip	Country					intry	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current Register				d Agent Name				7. Name and Address of New Registered Agent					
MORALES, CAROL C/O B@SSHARDT PROPERTIES MANAGEMENT INC 5522 NW 43 ST					Street Address (P.O. Box Number is Not Acceptable)								
GAINESVI		2653											
					City		FL Zip Code						
the obligat	named entity ions of regist	y submits this statement l ered agent.	for the purp	ose of changing its	registere	ed office or	register	ed agent, or both,	in the State of A	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOT	E: Registere	d Agent signatu	ure required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State						
	_					-		Added to Fees	Flo	rida Depa	rtment of S	tate ,	
10.	Due by M		IRECTORS	Trust Fund (	Contributi	ion.		Added to Fees ADDITIONS/CHAN	Flo	<b>rida Depa</b> ERS AND D	rtment of S	tate .	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUMAN, 0 237 SE 16	1ay 1, 2008	IRECTORS		11. TITLE NAM STRE	ion. E	DECE NAT VICE	Added to Fees	FIO IGES TO OFFICE NOT TREAS NOT ALL NOT ALL N	FIGA DEPA ERS AND D SUPER DIRECT	rtment of SI	tate ,	
TITLE NAME STREET ADDRESS	PD BUMAN, 0 237 SE 16 GAINESV SD SMALLW 237 SE 16	OFFICERS AND D CHRISTEN 3 AVE #13	IRECTORS	Trust Fund (	11. TITLE NAM STRE CITY TITLE NAM STRE	E E EET ADDRESS -SI-ZIP E	23:2 SECE 23:1 NAL NICE	Added to Fees  ADDITIONS/CHAN PRESIDENT HBW BU SEIL AN ETHRUD RETHRUD REN SCH	FIGES TO OFFICE NOT PEAN NOT PEAN	TIGA DEPA ERS AND D SUPER DIRECT 3240'	rtment of Si	tate .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BUMAN, 0 237 SE 16 GAINESV SD SMALLW 237 SE 16 GAINESV TD STEPHEN 237 SE 16	OFFICERS AND D CHRISTEN S AVE #13 FILLE, FL 32601 OOD, KRISTEN S AVE #12 FILLE, FL 32601	IRECTORS	Trust Fund (	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE	E E E E E E E E E E E E E E E E E E E	23:2 SECE 23:1 NAL NICE	Added to Fees  ADDITIONS/CHAN PRESIDE IT HBU BU SE IL A INDE SULU RETARYO REN SCH	FIGES TO OFFICE NOT PEAN NOT PEAN	rida Depa ERS AND D SURER DIRECT 3240'	rtment of Si	tate ↓ 10  Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08 (352) 240-2713