

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010698

FILED
Apr 11, 2012
Secretary of State

Entity Name: THE VILLAGE AT BEACON LAKES CONDOMINIUM NUMBER TWO ASSOCIATION, INC.

Current Principal Place of Business:

2855 LEJEUNE ROAD
FOURTH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

8355 NW 12TH STREET
SUITE 108
DORAL, FL 33126

Current Mailing Address:

2855 LEJEUNE ROAD
FOURTH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

4545 AIRPORT WAY
ATTN: LEGAL DEPT.
DENVER, CO 80239

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DE LEON, FERNANDO
Address: 2020 NW 129 AVENUE, #208
City-St-Zip: MIAMI, FL 33182

Title: PD
Name: CRONIN, LORI
Address: 8355 NW 12TH STREET, SUITE 108
City-St-Zip: DORAL, FL 33126

Title: ST
Name: CROVO, PETER
Address: 8355 NW 12TH STREET, SUITE 108
City-St-Zip: DORAL, FL 33126

Title: D
Name: ALEXANDER, SCOTT
Address: 450 EAST LAS OLAS BLVD, #880
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORI CRONIN

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04/11/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date