

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90047 031 ****61.25

DOCUMENT # N09823 1. Entity Name BEACON PLACE OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2085 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US		Mailing Address 2085 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US	
2. Principal Place of Business 2855 N. University Dr. Suite, Apt. #, etc. Suite 310 City & State Coral Springs, FL Zip 33065 Country US		3. Mailing Address 2855 N. University Dr. Suite, Apt. #, etc. Suite 310 City & State Coral Springs, FL Zip 33065 Country US	
4. FEI Number 59-2656175		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHEAST CONDOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Southeast Condo Mgmt Street Address (P.O. Box Number, is Not Acceptable) 2855 N. University Dr. Suite 310 City Coral Springs FL Zip Code 33065	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD HUSS, TERESE 2392 NW 89TH DRIVE CORAL SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LITVACK, MARSHA 2386 NW 89 DRIVE CORAL SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD GROCHOWSKY, LEON 2404 NW 89TH DR. CORAL SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT FIELDING, DOUGLAS NW 89 DR CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD SCHERKER, RUSSELL NW 89 DR CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Marsha Litvack</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2/5/05</i> Daytime Phone #	

50014040



01252005 Chg-NP CR2E037 (10/03)

Zip Code
33065

Daytime Phone #

5785