

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90052 017 ****61.25

DOCUMENT # N09823						
1. Entity Name BEACON PLACE OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 2855 NORTH UNIVERISTY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US			Mailing Address 2855 NORTH UNIVERISTY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-2656175		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
TUCKER&TIGHE, P.A. 800 E. BROWARD BLVD, SUITE 710 FORT LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2008		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 SD NAME HUSS, TERESE STREET ADDRESS 2392 NW 89TH DRIVE CITY-ST-ZIP CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete			TITLE D NAME Ballman, Kathleen STREET ADDRESS 2452 NW 89 DR. CITY-ST-ZIP Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME LITVACK, MARSHA STREET ADDRESS 2386 NW 89 DRIVE CITY-ST-ZIP CORAL SPRINGS, FL	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME GROCHOWSKY, LEON STREET ADDRESS 2404 NW 89TH DR. CITY-ST-ZIP CORAL SPRINGS, FL	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GERALDI, DAWN STREET ADDRESS 2402 NW 89 DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HALLION, KEVIN STREET ADDRESS 2544 NW 89 DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PATECKIS, STEPHEN STREET ADDRESS 2494 NW 89 DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.						
SIGNATURE: <u>Marsha Litvack</u> <u>MARSHA LITVACK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						