2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N09823

Entity Name: BEACON PLACE OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2855 NORTH UNIVERISTY DRIVE
SUITE 310
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2855 NORTH UNIVERISTY DRIVE
SUITE 310
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2656175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER&TIGHE, P.A.
800 E. BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 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: D ( ) Delete
Name: BALLMAN, KATHLEEN
Address: 2452 NW 89N
City-St-Zip: POMPANO BEACH, FL 33065

Title: PD ( ) Delete
Name: LITVACK, MARSHA,
Address: 2386 NW 89 DRIVE
City-St-Zip: CORAL SPRINGS, FL

Title: VPD ( ) Delete
Name: GROCHOWSKY, LEON,
Address: 2404 NW 89TH DR.
City-St-Zip: CORAL SPRINGS, FL

Title: D ( ) Delete
Name: GERALDI, DAWN
Address: 2402 NW 89 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: PATECKIS, STEPHEN
Address: 2494 NW 89 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BALLMAN, KATHLEEN
Address: 2452 NW 89N
City-St-Zip: POMPANO BEACH, FL 33065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GERALDI, DAWN
Address: 2402 NW 89 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD (X) Change ( ) Addition
Name: PATECKIS, STEPHEN
Address: 2494 NW 89 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARSHA LITVACK P 01/28/2009

Electronic Signature of Signing Officer or Director — Date