

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16061

FILED
Feb 13, 2009
Secretary of State

Entity Name: BEULAH CONDOMINIUM ASSOCIATION, INC. PHASE I

Current Principal Place of Business:

C/O STAR HOSPITALITY
6025 TAYLOR RD. #2
PUNTA GORDA, FL 33950 US

Current Mailing Address:

C/O STAR HOSPITALITY
6025 TAYLOR RD. #2
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

C/O STAR HOSPITALITY
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

New Mailing Address:

C/O STAR HOSPITALITY
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

FEI Number: 59-2363441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD. #2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MALDONADO, DAVID
Address: 22278 VICK STRET #114
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VP () Delete
Name: HESS, JOHN
Address: 22278 VICK STREET #102
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: P () Delete
Name: COCORAN, SANDRA
Address: 22278 VICK STREET 105
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T () Delete
Name: SIMPSON, ARTEL
Address: 22278 VICK ST 100
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MALDONADO, DAVID
Address: 22278 VICK STRET #114
City-St-Zip: PORT CHARLOTTE, FL 33980

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

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

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

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: SANDRA CORCORAN

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date