FILED Feb 21, 2006 8:00 am Secretary of State

	_	_	Ī	 _	1	A	N	ı	1	Ū	Ā	۱Ĺ		R	E	P	Ō	R	?T	•	_	_	 -		-	_	
	 			 									_									-	 	_			_

DOCUI 1. Entity Nam BEACON	02	-21-2006	90016 02	27 ****61	.25													
Principal Plac 9780 SW 210 MIAMI, FL 33	6 STREET		C/O T 1198	3 Address HE CONTINENTAL 1 SW 144 COURT 1, FL 33186 U	GROUP - 201 JS	, INC.		1 18 8 18 8 8 8 8 8 8 8 8 8 8 8 8	1	* #		ITEL ON YERI						
2. Principal P	lace of Busin	ness	3. Mail	ing Address		-												
Suite, Apt.	#, etc.		Sui	te, Apt. #, etc.				01062006 Ch	g-NP	CR2E03	37 (11/05)							
City & State	9		City	y & State				4. FEI Number 65-003868	6		_ 	plied For t Applicable						
Zip	-	Country	Zip Coi			intry		5. Certificate of Sta	atus Desired	itional i								
	6. Name	and Address of Current	Registere	d Agent				7. Name and Add	ress of New	Registered /	Agent							
PAIGE, RO	BERT					Name												
9500 SOUTH DADELAND BLVD.							Street Address (P.O. Box Number is Not Acceptable)											
SUITE 550 MIAMI, FL																		
•					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 .	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTI	E: Registere	d Agent signat	ora requirad	when reinstating)		DATE								
	Filing Fo	- i- ec4 25		9. Election Car	onaian E	Sassalas		25.00		Maka abaal								
	_	e is \$61.25 Nay 1, 2006		Trust Fund C		_		\$5.00 May Be Added to Fees			k payable to tment of St	1						
10.		OFFICERS AND DI	RECTORS		11.		Α	ADDITIONS/CHANGE	S TO OFFIC	ERS AND DI	RECTORS IN	10						
TITLE	PD	MC7 CABY		☐ Delete	E					☐ Change	☐ Addition							
NAME STREET ADDRESS	1	ICZ, GARY 216 STREET			et addres s	~0		8		\supset								
CITY-ST-ZIP	MIAMI, FL				-ST-ZIP	ノン	W I	4		<u>_</u>								
TITLE	TD			Defete	TITLE	ŧ	//			X	☐ Change	☐ Addition						
NAME CIDEET ADDRESS	ROSS, RA				NAM	ET ADDRES	΄ ς	رر کرے	o)XL	سلطر								
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	216 STREET . 33190				-ST-ZIP		full										
TITLE	٧	VI		☐ Delete	TITLE				1		☐ Change	Addition						
NAME	TAYLOR,	PAULETTE	-		- NÁM		`O 1		1									
STREET ADDRESS		216 STREET				ET ADDRESS	4.K	, both	16.									
CITY-ST-ZIP	MIAMI, FL	_ 33190		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	-ST-ZIP	1.,1											
TITLE NAME	D FERNANI	DEZ, CARLOS		Detete	TITU				. 1		Сhалде	☐ Addition						
STREET ADDRESS		216 STREET				ET ADDRESS												
CITY-ST-ZIP	MIAMI, FI	_ 33190			CITY	-ST-ZiP												
TITLE	D	AL IAMATTI IDOD		Delete	TITLE						Change	☐ Addition						
NAME STREET ADDRESS		N, WINTHROP 216 STREET		•	ie Eet address													
CITY+ST-ZIP	MIAMI, FI					-ST-ZIP												
TITLE	D			☐ Delete	TITL	E	1	amis 4	Circa		☐ Change	Addition						
NAME CERTE ARRESTOR	COPA, JA				NAM		Xa	ames!	6									
STREET ADDRESS CITY-ST-ZIP	9780 SW MIAMI, FI					ET ADDRESS '+ST-ZIP	1											
12. I hereby of indicated of the cor	CITY-ST-ZIP MIAMI, FL 33190 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 all other like empowered.																	

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N16454 **ATTACHMENT** BEACON HILL HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 60020207 9780 SW 216 STREET C/O THE CONTINENTAL GROUP, INC. MIAMI, FL 33190 11981 SW 144 COURT- 201 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E037 (11/05) Chg-NP 4. FEI Number 65-0038686 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAIGE, ROBERT 9500 SOUTH DADELAND BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 550 MIAMI, FL 33156 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition RODZEWICZ, GARY NAME NAME STREET ADDRESS 9780 SW 216 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33190 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROSS, RAFAEL NAME NAME STREET ADDRESS 9780 SW 216 STREET STREET ADDRESS MIAMI, FL 33190 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition TAYLOR, PAULETTE NAME STREET ADDRESS 9780 SW 216 STREET STREET ADDRESS MIAMI, FL 33190 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition FERNANDEZ, CARLOS NAME MAME STREET ADDRESS 9780 SW 216 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33190 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition PETERKIN, WINTHROP NAME NAME STREET ADDRESS 9780 SW 216 STREET STREET ADDRESS MIAMI, FL 33190 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition D NAME COPA, JAMES NAME 9780 SW 216 ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33190 CITY-ST-ZIP 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 all other like empowered. SIGNATURE: anid YPED OR PRINTED NAME OF S G OFFICER OR DIRECTOR Daytime Phone # SIGNATURE AN