


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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


02-21-2006 90016 027 \*\*\*\*61.25

<b>DOCUMENT # N16454</b> 1. Entity Name <b>BEACON HILL HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>9780 SW 216 STREET MIAMI, FL 33190 US</b>			Mailing Address <b>C/O THE CONTINENTAL GROUP, INC. 11981 SW 144 COURT- 201 MIAMI, FL 33186 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAIGE, ROBERT 9500 SOUTH DADELAND BLVD. SUITE 550 MIAMI, FL 33156</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RODZEWICZ, GARY 9780 SW 216 STREET MIAMI, FL 33190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ROSS, RAFAEL 9780 SW 216 STREET MIAMI, FL 33190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TAYLOR, PAULETTE 9780 SW 216 STREET MIAMI, FL 33190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ, CARLOS 9780 SW 216 STREET MIAMI, FL 33190</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERKIN, WINTHROP 9780 SW 216 STREET MIAMI, FL 33190</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COPA, JAMES 9780 SW 216 ST MIAMI, FL 33190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>James F. Copia</b>	<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 all other like empowered.					
<b>SIGNATURE:</b> <u>See attached for Signature</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

60020207

<b>DOCUMENT # N16454</b> 1. Entity Name BEACON HILL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9780 SW 216 STREET MIAMI, FL 33190 US				Mailing Address C/O THE CONTINENTAL GROUP, INC. 11981 SW 144 COURT- 201 MIAMI, FL 33186 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0038686				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			7. Name and Address of New Registered Agent		
PAIGE, ROBERT 9500 SOUTH DADELAND BLVD. SUITE 550 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODZEWICZ, GARY		NAME		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, RAFAEL		NAME		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, PAULETTE		NAME		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, CARLOS		NAME		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERKIN, WINTHROP		NAME		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPA, JAMES		NAME		
STREET ADDRESS	9780 SW 216 ST		STREET ADDRESS		
CITY-ST-ZIP	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.					
<b>SIGNATURE:</b> <i>James Copa</i>			2/16/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		