

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34615

1. Entity Name
BEACON CENTRE MASTER ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 AM 11:19

Principal Place of Business
PIER 1, BAY 1
SAN FRANCISCO, CA 94111

Mailing Address
~~PIER 1, BAY 1~~
SAN FRANCISCO, CA 94111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
c/o NRAI Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2731 Executive Park Dr. Ste 4

City & State

City & State

Weston, FL

Zip

Country

Zip

33339

Country

USA

04222008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0272656

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
CORNFORTH, JAY
60 STATE STREET, SUITE 1200
BOSTON, MA 02109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
KIMBALL, STEVE
60 STATE STREET, SUITE 1200
BOSTON, MA 02109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
KOMBOURAS, CHRIS
60 STATE STREET, SUITE 1200
BOSTON, MA 02109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
3001301724000
05/23/08--01012--005 ***61.25 ☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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☐ Change ☐ 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.

SIGNATURE:

Chris Komboouras Chris Komboouras, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2008 415-394-9000

Date

Daytime Phone #

Ph 3/12/08