

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90067 006 ****61.25

0065604

DOCUMENT # N45813

1. Corporation Name

THE VILLAGE AT BEEKMAN PLACE HOMEOWNERS' ASSOCIA
TION, INC.

4/1693 - 90067 - 6

Principal Place of Business

290 COCOANUT AVENUE
SARASOTA FL 34236

Mailing Address

290 COCOANUT AVENUE
SARASOTA FL 34236



2. Principal Place of Business

21 2831 Ringling Blvd

Suite, Apt. #, etc.
22 218F

City & State
23 Sarasota, FL

Zip Country
24 34237 25 Sarasota

2a. Mailing Address

26 2831 Ringling Blvd

Suite, Apt. #, etc.
27 218F

City & State
28 Sarasota

Zip Country
29 34237 30 Sarasota

3. Date Incorporated or Qualified

11/07/1991

4. FEI Number

65-0315742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MUSTARI, RONALD
290 COCOANUT AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

All Florida Services, Innc

82 Street Address (P.O. Box Number is Not Acceptable)

2831 Ringling Blvd Suite 218F

83

84 City

Sarasota

FL

85 Zip Code
34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUSTARI, RONALD
STREET ADDRESS 290 COCOANUT AVENUE
CITY-ST-ZIP SARASOTA FL
☒ DELETE

TITLE D
NAME MUSTARI, JOANNE
STREET ADDRESS 290 COCOANUT AVENUE
CITY-ST-ZIP SARASOTA FL
☒ DELETE

TITLE D
NAME MILLER, ROBERT
STREET ADDRESS 4318 EDENROSE WAY
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Zigmont, George
1.3 STREET ADDRESS 4408 Edinbridge Cir
1.4 CITY-ST-ZIP Sarasota, FL 34235

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Lee Rankin
2.3 STREET ADDRESS 4371 Edinbridge Cir
2.4 CITY-ST-ZIP Sarasota, FL 34235

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Aigner, Mary
4.3 STREET ADDRESS 3338 Yonge Ave
4.4 CITY-ST-ZIP Sarasota, FL 34235

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Kaufman, Paul
5.3 STREET ADDRESS 4303 Beekman Pl
5.4 CITY-ST-ZIP Sarasota, FL 34235

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILLER, BOB

Date

Daytime Phone #

4/28/99 941-766-7466

CR2E037 (11/98)