

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004946 (O)**
1. Corporation Name
**BEEKMAN ESTATES SECTION 2 CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business	Mailing Address
290 COCOANUT SARASOTA FL 34236	290 COCOANUT SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1993	3a. Date of Last Report 05/27/1994
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4. FEI Number APPLIED FOR 65-0575715	Applied For ☐ Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
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7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐ \$68.75 Supplemental Fee Not Required
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

**MUSTARI, RONALD
290 COCOANUT
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUSTARI, RONALD
STREET ADDRESS	290 COCOANUT
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	MUSTARI, JOANNE
STREET ADDRESS	290 COCOANUT
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	MOYLAN, RANDY
STREET ADDRESS	290 COCOANUT
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ronald Mustari* 9/13/93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR