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Est

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

05-03-1999 90067 004 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N93000004946**

1. Corporation Name

**BEEKMAN ESTATES SECTION 2 CONDOMINIUM ASSOCIATIO  
N, INC.**

471691 - 90067 - 4

Principal Place of Business

290 COCOANUT  
SARASOTA FL 34236

Mailing Address

290 COCOANUT  
SARASOTA FL 34236



2. Principal Place of Business

21 2831 Ringling Blvd

Suite, Apt. #, etc.

22 218F

City & State

23 Sarasota, Fl

Zip

24 34237

Country

25 Sarasota

2a. Mailing Address

26 2831 Ringling Blvd

Suite, Apt. #, etc.

27 218F

City & State

28 Sarasota, Fl

Zip

29 34237

Country

30 Sarasota

3. Date Incorporated or Qualified

11/02/1993

4. FEI Number

65-0575715

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  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

All Florida Services, Inc.

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

2831 Ringling Blvd.

83

Suite 218F

84 City

Sarasota

FL

85 Zip Code  
34235

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]*

4-26-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **MUSTARI, RONALD**  
STREET ADDRESS **290 COCOANUT**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☒ DELETE

NAME **MUSTARI, JOANNE**  
STREET ADDRESS **290 COCOANUT**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☒ DELETE

NAME **VOORHEES, JOAN**  
STREET ADDRESS **290 COCOANUT**  
CITY-ST-ZIP **SARASOTA FL 34236**

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 **Aigner, Mary D**  
1.3 STREET ADDRESS **3338 Yonge Ave.**  
1.4 CITY-ST-ZIP **Sarasota, Fl 34235**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Kappel, Fred D**  
2.3 STREET ADDRESS **4350 Breckenridge Way**  
2.4 CITY-ST-ZIP **Sarasota, Fl 34235**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Swintak, Phil D**  
3.3 STREET ADDRESS **4287 Shiala Lane**  
3.4 CITY-ST-ZIP **Sarasota, Fl 34235**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)