

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000004946**

1. Entity Name

**BEEKMAN ESTATES SECTION 2 CONDOMINIUM ASSOCIATIO****FILED****Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90044 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2831 RINGLING BLVD  
218F  
SARASOTA FL 342372831 RINGLING BLVD  
218F  
SARASOTA FL 34237-5354

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0575715

Applied For

Not Applicable

Zip

Country

Zip

Country

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****MUSTARI, RONALD-**  
**2831 RINGLING BLVD STE. 218F**  
**SARASOTA FL 34235**

Name

C+S Condo Mgt Serv, Inc

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

4301-32nd St W Suite A-19

City

Baton

FL

Zip Code

34205

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	AIGNER, MARY	3338 YOUNG AVE	SARASOTA FL 34235	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KAPPEL, FRED	4350 BRECKENRIDGE WAY	SARASOTA FL 34235	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SWINTAK, PHIL	4287 SHIALA LANE	SARASOTA FL 34235	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00