

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90055 031 ****61.25

DOCUMENT # N95000003860

1. Corporation Name

BEVLOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1025-27 92ND STREET
BAY HARBOR ISLANDS FL 33154
US

Mailing Address

1025-27 92ND STREET
BAY HARBOR ISLANDS FL 33154
US

2. Principal Place of Business

21 1027 92nd St.

Suite, Apt. #, etc.

22 BAY HARBOR ISLANDS

City & State

23 FLA.

Zip

24 33154

Country

25 DADE

2a. Mailing Address

26 1027 92nd St.

Suite, Apt. #, etc.

27 BAY HARBOR ISLANDS

City & State

28 FLA.

Zip

29 33154

Country

30 DADE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

65-0618683

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

HILL, BEVERLIE
1027 92 STREET
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name

BEVERLIE HILL

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

1027 92nd St

83

BAY HARBOR ISLANDS

84 City

FL

85 Zip Code

33154

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 *Beverlie Hill, President*

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

(NOTE: Registered Agent signature required when reinstating)

1/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME HILL, BEVERLIE
STREET ADDRESS 1027 92 STREET
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE VP ☐ DELETENAME OPPERMAN, TERRAINE
STREET ADDRESS 1025 92 STREET
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE SD ☒ DELETENAME HILL, HERBERT
STREET ADDRESS 1027 92 STREET
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE TD ☐ DELETENAME HILL, BEVERLIE
STREET ADDRESS 1027 92 STREET
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V.P. OPPERMAN LORRAINE

2.3 STREET ADDRESS 1025 92nd St

2.4 CITY-ST-ZIP BAY HARBOR ISLANDS FLA 33154

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S.P. OPPERMAN LORRAINE

3.3 STREET ADDRESS 1025 92nd St

3.4 CITY-ST-ZIP BAY HARBOR ISLANDS FLA 33154

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverlie Hill

Date

Daytime Phone #

1/21/99 (305) 868-2010

0032122

CR2E037 (11/98)