**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

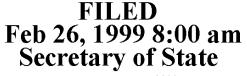
## DOCUMENT # N9500003860

1. Corporation Name

BEVLOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1025-27 92ND STREET Mailing Address

1025-27 92ND STREET



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



us Us	ISLANUS FL 33154	US	3134	\$ 1980)))61 618 18181 BUHA BENIK	
	ace of Business	2a. Mailing Address 26 1927 22 Nd ST	<u> </u>	3. Date Incorporated or Qualifed 08/14/1995	
21 1027 GUNLST.  Suite, Apt. #, etc.  22 BAY HARBOR IS/ANNIS  26 1927 GUNLST.  Suite, Apt. #, etc.  27 BAY HARBOR				4. FEI Number 65-0618683	Applied For Not Applicable
City & State City & State 23 F/A: 28 F/A.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country Zip 33154 25 DAde 29 33154 30			Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address of Current I	Registered Agent	10. Name and Address of New Registered Agent		
LIII DEV			81 Name	Beverie Hill ddress (P.O. Box Number is Not Acceptable)	
HILL, BEVERLIE 1027 92 STREET			10	27 92 Nd (+	
BAY HARBOUR ISLANDS FL 33154			83 B	ay HARbOR Islands	
			84 City	FI	L 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 arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	1.1 TITLE	ADDITIONO/DIANGEO TO GITTOENO A	☐ Change ☐ Addition.
TITLE NAME	PD HILL, BEVERLIE	□ ottere	1.2 NAME		
STREET ADDRESS	1027 92 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		1.4 CITY-ST-ZIP		
TITLE	VP.	☐ DELETE	2.1 TITLE	V.P.	☐ Change ☐ Addition
NAME	OPPERMAN, TERRAINE		2.2 NAME	V.P. Opperman LORRAIN 1025 92 NOST BRY HARBOR ISLAN SOPPERMAN LORRAIN 1025 92 NOST	6
STREET ADDRESS	1025 92 STREET		2.3 STREET ADORESS	1025 92 WAST	IC FIA 22,54
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		2.4 CITY-ST-ZIP	BAY FIARBOR ISTAN	00 1 11 33 13 4
TITLE	SD	DELETE	3.1 TITLE	SPORRMAN LORRAIN	e lipenange Li Addition (
NAME	HILL, HERBERT		3.2 NAME	1025 92 Nd St	
STREET ADDRESS	1027 92 STREET			BAY HARbOR ISLANDS	FIN 33154
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE	TD		4. 2 NAME		
NAME	HILL, BEVERLIE 1027 92 STREET		4.3 STREET ADDRESS	<i>'</i>	
STREET ADORESS CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		4.4 CITY-ST-ZIP	•	
TITLE	CALL THREE OF TOURS I L COLOT	☐ DELETE	5.1 TITLE	,	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
I	1		6 & CITY OT 710	•	

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

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR