


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90342 017 \*\*\*\*61.25

<b>DOCUMENT # N95000003860</b>	
1. Entity Name <b>BEVLOR CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1027-25 92ND STREET BAY HARBOR ISLANDS FL 33154 US</b>	Mailing Address <b>1027-25 92ND STREET BAY HARBOR ISLANDS FL 33154 US</b>
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2. Principal Place of Business <b>1025 92nd St</b>	3. Mailing Address <b>1025-92nd St</b>
Suite, Apt. #, etc. <b>Condo LORRAINE</b>	Suite, Apt. #, etc. <b>Condo</b>

City & State <b>BAY HARBOR</b>	City & State <b>FLORIDA</b>
Zip <b>33154</b>	Country <b>U.S.A</b>
City & State <b>BAY HARBOR</b>	City & State <b>FLORIDA</b>
Zip <b>33154</b>	Country <b>U.S.A</b>

6. Name and Address of Current Registered Agent <b>OPPERMAN OPPERMAN, LORRAINE 1027-25 92ND STREET BAY HARBOR ISLANDS FL 33154</b>	7. Name and Address of New Registered Agent Name: <b>LORRAINE Opperman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1025 92ND ST BAY HARBOR</b> City <b>FL</b> Zip Code <b>33154</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LORRAINE Opperman**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OPPERMAN, LORRAINE 1027-25 92ND STREET BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OPPERMAN, CHARLES 1027-25 92ND STREET BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HILL, BEVERLIE 1027 92 STREET BAY HARBOR ISLAND FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
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
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
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

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: **Lorraine Opperman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**50040314**



1st MOORE CR2E037 (10/04)