

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003860

1. Entity Name
BEVLOR CONDOMINIUM ASSOCIATION, INC.



03 JUL 28 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1027 92ND STREET
BAY HARBOR ISLANDS FL 33154
US

Mailing Address
1027 92ND STREET
BAY HARBOR ISLANDS FL 33154
US

2. Principal Place of Business
1027-25 92nd St
Suite, Apt. #, etc.

3. Mailing Address
1027-25 92nd St
Suite, Apt. #, etc.

City & State
BAY HARBOR ISLANDS
FL 33154
Country U.S.A.

City & State
BAY HARBOR ISLANDS
FL 33154
Country U.S.A.

4. FEI Number 65-0618683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HILL, BEVERLIE
1027-92 STREET
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name LORRAINE OPPERMAN
Street Address (P.O. Box Number is Not Acceptable)
1025 92nd St
BAY HARBOR ISLANDS
City FL 33154

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 *Beverlie Hill* *Beverlie Hill* 3/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PO	☒ Delete
NAME	HILL, BEVERLIE	
STREET ADDRESS	1027 92 STREET	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	VPSD	☒ Delete
NAME	OPPERMAN, LORRAINE	
STREET ADDRESS	1025 92 STREET	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	TD	☒ Delete
NAME	HILL, BEVERLIE	
STREET ADDRESS	1027 92 STREET	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Delete
NAME	CHARLES OPPERMAN	
STREET ADDRESS	1025 92nd St	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	☒ Change ☐ Addition
NAME	LORRAINE OPPERMAN	
STREET ADDRESS	1025 92nd St D.P.	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	VPSD	☒ Change ☐ Addition
NAME	Beverlie Hill	
STREET ADDRESS	1025 92nd St	
CITY-ST-ZIP	BAY HARBOR ISLANDS	
TITLE	TD	☒ Change ☐ Addition
NAME	LORRAINE OPPERMAN	
STREET ADDRESS	1025 92nd St	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	CHARLES OPPERMAN	
STREET ADDRESS	1025 92nd St	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

3-19-03 305 866 8063
Date Before Phone

CR2037 (10/02)

7/2/28