

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005090

FILED
Feb 03, 2004
Secretary of State**Entity Name:** BEACON 21 BOAT CLUB, INC.**Current Principal Place of Business:**451 NE 14TH CT.
STE #S43
JENSEN BEACH, FL 34957**New Principal Place of Business:****Current Mailing Address:**451 NE 14TH CT.
STE #S43
JENSEN BEACH, FL 34957**New Mailing Address:****FEI Number:** 65-0659457**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DLABOLA, JOSEPH
1451 NE 14TH CT
#S43
JENSEN BEACH, FL 34957 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** TD () Delete
Name: LAMPLOUGH, JUNE
Address: 1667 NE NAUTICAL PL. #702
City-St-Zip: JENSEN BEACH, FL 34957**Title:** VD () Delete
Name: DLABOLA, JOE
Address: 1451 NE 14TH CT. STE. S43
City-St-Zip: JENSEN BEACH, FL 34957**Title:** PD () Delete
Name: HAHN, HARRY
Address: 1501 NE 13TH TERR #H13
City-St-Zip: JENSEN BEACH, FL 34957**Title:** D () Delete
Name: RAIQUE, ALFRED
Address: 1515 NE BEACON DR. #602
City-St-Zip: JENSEN BEACH, FL 34957**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE E LAMPLOUGH

T

02/03/2004

Electronic Signature of Signing Officer or Director_____
Date