2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067530

1. EntityName
BEACONRESORTMANAGEMENT,INC.

FILED
04 JUL 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07-07-04 60162 013 **$545.00** -$150.00

PrincipalPlaceofBusiness	MailingAddress
1114 SANTA ROSA BLVD FT WALTON BEACH, FL 32548	1114 SANTA ROSA BLVD FT WALTON BEACH, FL 32548

07012004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber 59-3269681 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GRIMSLEY,JAMESW
25WALTERMARTINRDNE
FTWALTONBEACH,FL32548

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Inaccordancewiths.607.193(2)(b),F.S.,the corporationdidnotreceivethepriornotice.

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	CORSENTINO,CHARLESA
STREETADDRESS	1114SANTAROSABLVD
CITY-ST-ZIP	FTWALTONBEACH,FL32548
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

7/7/04

12. Ihereby 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 607, 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: Charles A. Corsentino 7/1/04 850-833-5327
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#