

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770102

Entity Name: BEACON 21 CONDOMINIUM, DOLPHIN VILLAGE INC.**Current Principal Place of Business:**1111 SE FEDERAL HWY.
SUITE 100
STUART, FL 34994**Current Mailing Address:**1111 SE FEDERAL HWY.
SUITE 100
STUART, FL 34994 US**FEI Number: 59-2474508****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRAZI, RYAN
217 EAST OCEAN BOULEVARD
STUART, FL 34995 US*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**Officer/Director Detail :**

Title	PD
Name	GELLERT, ALAN
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	STD
Name	BELL, JEAN
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	VPD
Name	LAPIER, JOAN
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	D
Name	HIGGINBOTHAN, BRUNHILDE
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	D
Name	BURKHART, BOB
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

I hereby 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 all other like empowered.

SIGNATURE: ALAN GELLERT**PRESIDENT****04/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date