

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 233906

Entity Name: BEAUMONT APARTMENTS INC**Current Principal Place of Business:**3912 NE 22ND AVENUE
FT LAUDERDALE, FL 33308**Current Mailing Address:**5220 S UNIVERSITY DRIVE
SUITE C110
DAVIE, FL 33328**FEI Number:** 59-0967275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**T JAY VITARELLI CPA PA
5220 S UNIVERSITY DRIVE
SUITE C110
DAVIE, FL 33328 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	PRESIDENT, DIRECTOR
Name	GILMAN, SCOTT
Address	3912 NE 22ND AVE #4A
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	VP
Name	DOWLING, KEVIN
Address	3912 NE 22ND AVE #2A
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	DIRECTOR
Name	RICHARDSON, MONIKA
Address	3912 NE 22ND AVE #9A
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	TREASURER, SECRETARY
Name	HENDERSON, SHANNON
Address	3912 NE 22ND AVE #4A
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	DIRECTOR
Name	REED, GLENN W
Address	3912 NE 22ND AVE #6B
City-State-Zip:	FT LAUDERDALE FL 33308

Title	DIRECTOR
Name	BULDUC, ANNE W
Address	3912 NE 22ND AVE #2A
City-State-Zip:	FT LAUDERDALE FL 33308

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT GILMAN

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06/27/2020

Electronic Signature of Signing Officer/Director Detail_____
Date