FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

NORTH SHORE BEACH CLUB INC

FILED Mar 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
118 DOLPHIN R		118 DOLPHIN ROAD PALM BEACH FL 33480			3. Date Incorporated or Qualified
PALM BEACH FL 33480 PALM BEACH FL		PALM DENOTI PL 33400			10/25/1963
					4. FEI Number Applied For Not Applicable
2. Principal Place of Business 2a. Meiling Address					CO 75 Additional
21		26			Certificate of Status Desired Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country		v	8. This corporation owes or has pald the current year Intangible
24	25	29 30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
			81	Name	
CROSSEN, JOSEPH F			82	Street A	Address (P.O. Box Number is Not Acceptable)
118 DOLPHIN ROAD			83	<u> </u>	
PALM BEACH FL 33480					
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the abov	re-named	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	a of Florida. Such change was au gations of, Section 617.0503, Flori	ithorized b ida Statute	y the corp is.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12,	Stgnature, typed or printed name of registered as	pent and title II applicable. (NOTE: NO DIRECTORS	Registered Ag	ent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD OFFICERS AF	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CROSSEN, JOSEPH F	-	1.2 NAME		
STREET ADDRESS	118 DOLPHIN ROAD		1.3 STREE	T ADDRESS	
CITY-ST-ZWP	PAM BEACH FL 33480		1.4 CITY -	ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	WILKEY, JERRY		2.2 NAME		
STREET ADDRESS	111 REEF ROAD		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		••
CITY-ST-ZIP TITLE	PALM BEACH FL 33480	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JANIS, ANDI		3.2 NAME		
STREET ADDRESS	111 SEAGATE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. CiTY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition
NAME	PANGIA, ISABEL		4.2 NAME		
STREET ADDRESS	135 SEAGATE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480	DELETE	4.4 CITY - 5.1 TITLE		Change Addition
NAME	HUMPHREYS, GEORGE	Jan State of	5.2 NAME		
STREET ADDRESS	168 REEF ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTREET ADDRESS	Ī		63 STREE	223RUUA T	1

14. I hereby 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 annual report or Supplied ennual 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 certify that the Information indicated on this annual report as flower or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an interchipent with an address.

SIGNATURE:

CITY-ST-ZIP