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CORPORATION
ANNUAL REPORT
1995

DOCUMENT # 759154 (8)

1. Corporate Name

NORTH SHORE BUILDING CONDOMINIUM ASSOCIATION, IN C.

Principal Address

4060 TAMIAMI TRAIL N.
NAPLES FL 33940

Mailing Address

4060 TAMIAMI TRAIL N.
NAPLES FL 33940

21 Street Address
22 Suite Apt. # or Bldg.
23 City & State
24 Zip
25 County

26 Mailing Address
27 Suite Apt. # or Bldg.
28 City & State
29 Zip
30 County

FILED
95 MAY -1 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1440864 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Certified Copy [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)3 Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

COLEMAN, JAMES G
278 RIDGE DR
NAPLES FL 33942

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each person named herein, the corporation's agent at its office in Florida, or both the appointed registered agent and the corporation, accepts the designation of registered agent under Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	COLEMAN, JAMES G.
STREET ADDRESS	278 RIDGE DR
CITY, ST, ZIP	NAPLES FL
TYPE	SD
NAME	COLEMAN, RAMONA G.
STREET ADDRESS	278 RIDGE DR
CITY, ST, ZIP	NAPLES FL
TYPE	TD
NAME	MCLEAN, WILLIAM T.
STREET ADDRESS	254 RIDGE DR
CITY, ST, ZIP	NAPLES FL

13. ADDITIONAL OFFICERS AND DIRECTORS

TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby 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 a director or officer 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 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: X [signature] X 4-24-95 (813) 261-2276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James G. Coleman, President

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