

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Norham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 759154 (8)**

**1. Corporation Name**  
**NORTH SHORE BUILDING CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**      **Mailing Address**  
**4060 TAMiami TRAIL, N.**      **4060 TAMiami TRAIL, N.**  
**NAPLES FL 33940**      **NAPLES FL 33940**

**3. Date Incorporated or Qualified**  
**07/13/1981**

**4. FEI Number**      **Applied For**  
**59-1440864**      **Not Applicable**

<b>21</b>	<b>2. Principal Place of Business</b>	<b>2a.</b>	<b>Mailing Address</b>
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Country
<b>24</b>	Country	<b>29</b>	Zip
		<b>30</b>	Country

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**            **\$5.00 May Be Added to Fees**

**7. Is this nonprofit corporation a homeowners association?**  
 Yes     No

**8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.**       Yes     No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**COLEMAN, JAMES G**  
**278 RIDGE DR**  
**NAPLES FL 33942**

<b>81</b>	<b>Name</b>
<b>82</b>	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83</b>	
<b>84</b>	<b>City</b>
<b>85</b>	<b>Zip Code</b>

**11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.**

**SIGNATURE**      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>COLEMAN, JAMES G.</b>	
<b>STREET ADDRESS</b>	<b>278 RIDGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>COLEMAN, RAMONA G.</b>	
<b>STREET ADDRESS</b>	<b>278 RIDGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>MCLEAN, WILLIAM T.</b>	
<b>STREET ADDRESS</b>	<b>254 RIDGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

*James G. Coleman*

**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 supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:**

*James G. Coleman*

CR2E037 (10/97)