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1400 WSR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
COMMISSION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 759154

00 JUL 21 AM 8:09

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 34103 NAPLES FL 34103

4129/99 9044024 \$101.25

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21. 4060 TAMiami TRAIL, N 2a. C/O BUD COLEMAN ASSOCIATES INC 07/13/1981 05/15/00 91406 049 \$61.25
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. SUITE 1 27. 4060 TAMiami TRN, SUITE 1
City & State City & State
23. NAPLES, FL 28. NAPLES, FL
Zip Zip Country Country
24. 34103 29. 34103 30.

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
81 Name COLEMAN, JAMES G
82 Street Address (P.O. Box Number is Not Acceptable) 278 RIDGE DRIVE
83
84 City NAPLES FL 85 Zip Code 34108

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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]* DATE: _____
Signature, typed or printed name of registered agent and last 4 digits (NOTE: Registered Agent signatures required when authorized)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | COLEMAN, JAMES G. | |
| 1.3 STREET ADDRESS | 278 RIDGE DRIVE | |
| 1.4 CITY-ST-ZIP | NAPLES, FL 34108 | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | COLEMAN, RAMONA G. | |
| 2.3 STREET ADDRESS | 278 RIDGE DRIVE | |
| 2.4 CITY-ST-ZIP | NAPLES, FL 34108 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | COLEMAN, JAMES S. | |
| 4.3 STREET ADDRESS | 278 RIDGE DRIVE | |
| 4.4 CITY-ST-ZIP | NAPLES FL 34108 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
Name and Title of Person Signing or Signing Officer or Director
JAMES G COLEMAN

FILED

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James M. Gualario, P.A.

CERTIFIED PUBLIC ACCOUNTANT

Anchor Court • 820 Anchor Rode Dr. • Naples, FL. 34103
Telephone (941) 263-2224

July 19, 2000

Mr. Sean Toner
Senior Section Administrator
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re.: North Shore Building Condominium Association, Inc.
2000 Uniform Business Report
1999 Corporate Annual Report

Dear Mr. Toner:

This letter is a follow-up to our telephone conversation of two weeks ago concerning the confusion surrounding the mailing address listed on the above reports. A copy of your letter is enclosed. Please note that my client is at a loss to understand why the United States Postal Service refused to deliver letters from the Division of Corporations to this address, since other mail for North Shore Building Condominium Association has been delivered in the past. Attempts to contact out local post office were unsuccessful. Their number is no longer listed and they do not accept telephone calls from the public. Efforts by the postal representative reached through the "800" number were also unsuccessful, since our local branch did not answer their calls. However, my client did discuss the situation with the mail carrier that delivers the mail. He had no explanation for why the mail was sent back, however, he suggested my client make additions to the address that would ensure they receive all mail in the future.

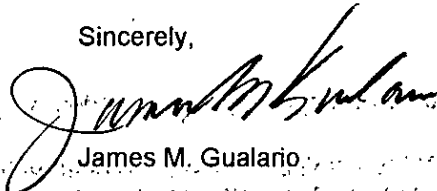
As you requested, I have enclosed a revised copy of the 2000 Uniform Business Report, which shows the following address change:

North Shore Building Condominium Association, Inc.,
C/O Bud Coleman Associates, Inc.
4060 Tamiami Trail North, Suite 1
Naples, Florida 34103

You indicated that you would use the corrected 1999 Corporate Annual Report to adjust 2000 and there was no need to send in a corrected form for 2000. In addition, you indicated you would be able to reinstate them, and waive the \$175 reinstatement fee, since my client made every effort to comply with the Division of Corporation's requests, paid the filing fees of \$61.25 and filed the original forms by the original due date. As you know, the filing fees were cashed, and the original forms were never returned, although Division of Corporation's letter indicated otherwise.

Thank you for all your help in this matter. If you need further information please do not hesitate to contact me directly.

Sincerely,



James M. Gualario

Enclosures