

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759154

FILED
Mar 17, 2009
Secretary of State

Entity Name: NORTH SHORE BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BUD COLEMAN ASSOCIATES, INC.
4060 TAMIAMI TRAIL N., STE 1
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O BUD COLEMAN ASSOCIATES, INC.
4060 TAMIAMI TRAIL N., STE 1
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-2659303 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLEMAN, JAMES G
333 CUDDY COURT
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEMAN, JAMES G
Address: 333 CUDDY COURT
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: COLEMAN, RAMONA G
Address: 333 CUDDY COURT
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: COLEMAN, JAMES S
Address: 316 NEAPOLITAN WAY
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: VANDERHEYDEN, TERRY DR
Address: 4060 N TAMIAMI TR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LUISI, BART DR
Address: 4060 N TAMIAMI TR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: DELEON, AL DR
Address: 4060 N TAMIAMI TR
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLEMAN, JAMES S
Address: 234 MERMAIDS BIGHT
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. COLEMAN

PD

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date