

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759154

FILED
Jan 12, 2010
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
Name: COLEMAN, JAMES G
Address: 333 CUDDY COURT
City-St-Zip: NAPLES, FL 34103

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

Title: D
Name: COLEMAN, JAMES S
Address: 234 MERMAIDS BIGHT
City-St-Zip: NAPLES, FL 34103

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES G. COLEMAN

PD

01/12/2010

Electronic Signature of Signing Officer or Director

Date