

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006259



1. Entity Name
 401 BLU OF NORTH BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 401 69TH STREET
 MIAMI BEACH, FL 33141

Mailing Address
 401 69TH STREET
 MIAMI BEACH, FL 33141



08032006 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-2138920	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G
 218 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 6, 2006

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

8-3-06

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FLOOD, MICHAEL L 90 W. FLANKLIN CRYSTAL LAKE, IL 60014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'MACHEL, RAYMOND P 300 S. LINCOLN PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMPSEY, BRIAN G 401 69TH STREET MIAMI BEACH, FL 33141
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 08/04/06-80002-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L Flood 8-3-06 305-867-8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #