

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N04000006259

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

Current Principal Place of Business:

401 69TH STREET
MANAGEMENT OFFICE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

401 69TH STREET
MANAGEMENT OFFICE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-2138920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES, FL 33134 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: HALPERN, LONNIE
Address: 401 69TH STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: GRIPPO, CHRISTINE
Address: 401 69TH STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: ZWEIER, GEORGE
Address: 401 69TH STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD () Delete
Name: FISH, BRUCE R
Address: 401 69TH STREET
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LONNIE HALPERN

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date