FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham >

FILED Mar 11 1998 8:00am Sacretary of State

| | 1998 | DIVISION OF C | ORPORATIONS | Secretary of State | |
|---|--|--|---|--|--|
| DOCU 1. Corporation | MENT # N9300 | 0002682 (3) | | | |
| NORTH UNTY, | I BEACH CIVIC ASSOCIATI | on of Indian River (| 00 |) A leginiar dha parko (dur banki banki banki banki banki banki banki bikir keka bikar keka kali kadi | |
| Principal Place of Business Mailing Address | | | | | |
| · | | | | | |
| 1089 MAIN ST SEBASTIAN FL 32958 | | 13090 NORTH A1A VERO BEACH FL 32963 | | 3. Date Incorporated or Qualified | |
| | | US | | 06/10/1993 4. FEI Number Applied For | |
| | | | | 59-3206463 Not Applicab | |
| | Place of Business | 2a. Malling Address | | 6. Certificate of Status Desired S8.75 Additional | |
| 21 | | | 00969 | Fee Required | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & Stat | le . | City & State | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 | | 28 Wabass c | | ☐ Yes ☐ No | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 9. Name and Address of Curre | 29 32970-0969 | 30 U.S.H. | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| | s. Name and Address of Corre | iii nagistaraa Agaili | 81 Name | 10. Name and Address of New Nagistered Agent | |
| 118164 | eteven | | L_i | | |
| | LULICH, STEVEN 1089 MAIN ST | | | 82 Street Address (P.O. Box Number Is Not Acceptable) | |
| | IAN FL 32958 | | 83 | | |
| | | | 84 City | 85 Zip Code | |
| | | | [] -// | FL (**) | |
| office or a agent. I a SIGNATURE | registered agent, or both, in the Statem familiar with, and accept the oblig | | uthorized by the corprida Statutes. Rogistered Agent signature | corporation submits this statement for the purpose of changing its registered condition's board of directors. I hereby accept the appointment as registered required when reinstating) DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | DELETE | 1.1 TITLE | DIRECTOR Addition | |
| NAME | BRUCE, ROBERT E | | 1.2 NAME | ROBERT E. BRILE | |
| STREET ADDRESS | 12396 N A1A | | 1.3 STREET ADDRESS | 12394 No. AIA | |
| CITY-ST-ZIP TITLE | VERO BEACH FL | DELETE | 1.4 CITY-ST-ZIP 21 TITLE | VERD BEACH DIRECTOR Change Addition | |
| NAME | RADCLIFF, WILLIAM A | | 2.2 NAME | JOAN FOSTER WALL D. 1/2 | |
| STREET ADDRESS | 13090 N A1A | | 2.3 STREET ADDRESS | 7963 ASCOT ALACE, BOX 43 | |
| CITY-S1-ZIP | VERO BEACH FL | | 2. 4 CITY - ST - ZIP | VERD BEACH FLORIDA 32966 | |
| TITLE | DS | DELETE | 3.1 TITLE | VERD BEACH, FLORIDA 32966 SECRETARY DIRECTOR Change Addition | |
| HAME | MACDONALD, TERRY | | 3.2 NAME | TERRY MACDONALD | |
| | 9545 SEAGRAPE DRIVE | | 3.3 STREET ADDRESS | 2345 SANDERLING LANE | |
| CITY-ST-ZIP TITLE | VERO BEACH FL | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | VERD BEACH FLORING 32963 WILLIAM G. GLYNN Change Addition | |
| NAME | | □ vecent | 4. 2 NAME | WILLIAM G. GLYNN Change Addition PRESIDENT / DIRECTOR 1802 BASE FOOT FLACE EAST | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 100 2 BAREFOOT PLACE EAST | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | VERO BEACH, FLORIDA 32963-4548 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | Change Addition | |
| NAME | | | 5.2 NAME . | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY - ST - ZIP | Change Addition | |
| TITLE NAME | | □ Derest | 6.1 TITLE 62 NAME | L Crange L. Adollio | |

STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 true en employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP