**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 11 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36323** **(6)**

1. Corporation Name

**NORTH BEACH VILLAGE II CONDOMINIUM ASSOCIATION, INC.**

000001454010
-04/12/95--01021--011
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WENDY MINTON<br>6250 HOLMES BLVD.#35<br>BRADENTON BEACH FL 34217-1663<br>US | C/O WENDY MINTON<br>6250 HOLMES BLVD.#35<br>HOLMES BEACH FL 34217<br>US |

3. Date Incorporated or Qualified: **01/23/1990**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **65-0173183** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 NORMA PETT | 26 |
| Suite, Apt. #, etc.<br>22 6250 Holme Blvd #68 | Suite, Apt. #, etc.<br>27 SAME |
| City & State<br>23 Holmes Beach | City & State<br>28 |
| Zip / Country<br>24 FL / 25 USA | Zip / Country<br>29 34217 / 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MINTON, WENDY<br>6250 HOLMES BLVD.<br>#35<br>HOLMES BEACH FL 34217 | 81 Name: NORMA. PETT<br>82 Street Address (P.O. Box Number is Not Acceptable): 6250 Holmes Blvd #68<br>83 Phone No. 813-778-1444<br>84 City: Holmes Beach FL 85 Zip Code: 34217 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: NORMA PETT Norma Pett MAR 16 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE: P.D. | Lyle Gillespie ☑ Change ☐ Addition |
| NAME | MINTON, WENDY | 12 NAME | |
| STREET ADDRESS | 6250 HOLMES BLVD. #35 | 13 STREET ADDRESS | 6250 Holmes Blvd #58 |
| CITY-ST-ZIP | HOLMES BEACH FL | 14 CITY-ST-ZIP | Holmes Beach Fl, 34217 |
| TITLE | SD | 21 TITLE: SD | NORMA PETT ☑ Change ☐ Addition |
| NAME | KOZBELT, F. P | 22 NAME | |
| STREET ADDRESS | 6250 HOLMS BLVD., #35 | 23 STREET ADDRESS | 6250 Holmes Blvd #68 |
| CITY-ST-ZIP | HOLMES BEACH FL | 24 CITY-ST-ZIP | Holmes Beach Fld. 34217 |
| TITLE | TD | 31 TITLE: TD. | Bruce Viker ☑ Change ☐ Addition |
| NAME | MARSICANO, CHARLES A | 32 NAME | |
| STREET ADDRESS | 6250 HOLMES BLVD., #33 | 33 STREET ADDRESS | 6250 Holmes Blvd. #72 |
| CITY-ST-ZIP | HOLMES BEACH FL | 34 CITY-ST-ZIP | Holmes Beach Fld. 34217 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | 4/11/95 MB |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Viker Bruce Viker MAR. 16 '95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone Number: 813-778 5259

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