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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33299**

1. Corporation Name

**OWNERS' ASSOCIATION AT NORTH BEACH VILLAGE, INC.**

Principal Place of Business

6250 HOLMES BLVD  
UNIT 40  
HOLMES BEACH FL 34217  
US

Mailing Address

6250 HOLMES BLVD.  
UNIT 100  
HOLMES BEACH FL 34217



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/13/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0140063	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**COLLINS, R. RICHARD**  
6250 HOLMES BLVD  
UNIT 40  
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	DP	1.1 TITLE	DP
NAME	MARSICANO, C	1.2 NAME	JUDITH SCHREIER
STREET ADDRESS	6250 HOLMES BLVD, 33	1.3 STREET ADDRESS	6250 HOLMES BLVD, #36
CITY-ST-ZIP	HOLMES BEACH FL 34217	1.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	DV	2.1 TITLE	DV
NAME	MCDONNELL, THOMAS	2.2 NAME	WILLIAM SNYDER
STREET ADDRESS	6250 HOLMES BLVD #27	2.3 STREET ADDRESS	6250 HOLMES BLVD, #26
CITY-ST-ZIP	HOLMES BEACH FL 34217	2.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	DST	3.1 TITLE	DST
NAME	ARBANAS, R	3.2 NAME	R. RICHARD COLLINS
STREET ADDRESS	6255 HOLMES BLVD, 44	3.3 STREET ADDRESS	6250 HOLMES BLVD, #40
CITY-ST-ZIP	HOLMES BEACH FL 34217	3.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	D	4.1 TITLE	D
NAME	TOCE, G	4.2 NAME	LENNOX BRAMBLE
STREET ADDRESS	6250 HOLMES BLVD, 42	4.3 STREET ADDRESS	6250 HOLMES BLVD, #56
CITY-ST-ZIP	HOLMES BCH FL 34217	4.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

*RICHARD COLLINS* 4/27/99 941-778-2450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)