

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90074 040 \*\*\*\*61.25

006558

DOCUMENT # N36323

1. Corporation Name

NORTH BEACH VILLAGE II CONDOMINIUM ASSOCIATION,  
INC.

472077 - 90074 - 40

Principal Place of Business

C/O NORMA PETT  
6250 HOLMES BLVD. #68  
HOLMES BEACH FL 34217-1663  
US

Mailing Address

6250 HOLMES BLVD.  
BOX 100  
HOLMES BEACH FL 34217-1669



2. Principal Place of Business

21 6250 HOLMES BLVD.

2a. Mailing Address

26 6250 HOLMES BLVD

Suite, Apt. #, etc.

22 UNIT 35

Suite, Apt. #, etc.

27 BOX 100

City & State

23 HOLMES BEACH, FL

City & State

28 HOLMES BEACH, FL

Zip

24 34217

Country

25 USA

Zip

29 34217-1669

Country

30 USA

3. Date Incorporated or Qualified

01/23/1990

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

9. Name and Address of Current Registered Agent

PETT, NORMA  
6250 HOLMES BLVD.  
#68  
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81 Name

DAVID PRICE

82 Street Address (P.O. Box Number is Not Acceptable)

6250 HOLMES BLVD. #35

83

84 City

HOLMES BEACH,

FL

85 Zip Code

34217

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 *David Price as President*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GILLESPIE, LYLE  
STREET ADDRESS 6250 HOLMES BLVD. #58  
CITY-ST-ZIP HOLMES BEACH FL

TITLE SD ☐ DELETE

NAME PETT, NORMA P  
STREET ADDRESS 6250 HOLMES BLVD., #68  
CITY-ST-ZIP HOLMES BEACH FL

TITLE TD ☐ DELETE

NAME VICKERS, BRUCE  
STREET ADDRESS 6250 HOLMES BLVD., #72  
CITY-ST-ZIP HOLMES BEACH FL

TITLE D ☐ DELETE

NAME MARSICANO, CHARLES  
STREET ADDRESS 6250 HOLMES BLVD STE 33  
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD  
1.3 STREET ADDRESS DAVID PRICE  
6250 HOLMES BLVD. #35  
1.4 CITY-ST-ZIP HOLMES BEACH, FL 34217

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME JEAN MARSICANO  
2.3 STREET ADDRESS 6250 HOLMES BLVD. #33  
2.4 CITY-ST-ZIP HOLMES BEACH, FL 34217

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME JUDITH SCHREIER  
4.3 STREET ADDRESS 6250 HOLMES BLVD. #36  
4.4 CITY-ST-ZIP HOLMES BEACH, FL 34217

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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: *Signature Required* 4/28/99 813-985-5770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)