

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33299

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140063

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHREIER, JUDITH	
STREET ADDRESS	6250 HOLMES BLVD #36	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SNYDER, WILLIAM	
STREET ADDRESS	6250 HOLMES BLVD #26	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PERRINETTI, CYNTHIA	
STREET ADDRESS	6250 HOLMES BLVD #40	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LENNOX, BRAMBLE	
STREET ADDRESS	6250 HOLMES BLVD #56	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, ORE	
STREET ADDRESS	6250 HOLMES BLVD, UNIT 47	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSICANO, JEAN	
STREET ADDRESS	6250 HOLMES BLVD #33	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBANAS RONALD	
STREET ADDRESS	6250 HOLMES BLVD #44	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONELL, THOMAS	
STREET ADDRESS	6250 HOLMES BLVD #27	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORTIS, PATRICIA	
STREET ADDRESS	6250 HOLMES BLVD #41	
CITY-ST-ZIP	HOLMES BEACH FL 34217	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD ARBANAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 941-778-2133

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE