2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000005421

Entity Name: NORTHSTAR OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14745 FALLING WATERS DRIVE
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

14745 FALLING WATERS DRIVE
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-0904198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLT, JAMES
3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HOLT, JAMES
14745 FALLING WATERS DRIVE
JACKSONVILLE, FL 32258 US

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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: REGISTER, WILLIAM P SR.
Address: 13171 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MVS ( ) Delete
Name: HOLT, JAMES
Address: 14745 FALLING WATERS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: ASD ( ) Delete
Name: CLARKSON, JORDAN
Address: 905 NORTH 2ND STREET SUITE G
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HOLT MVS 04/29/2009
Electronic Signature of Signing Officer or Director — Date