

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90033 022 \*\*\*\*61.25

**DOCUMENT # 706331**

1. Entity Name  
**NORTH SHORE BEACH CLUB INC**



Principal Place of Business  
**118 DOLPHIN ROAD  
PALM BEACH, FL 33480**

Mailing Address  
**118 DOLPHIN ROAD  
PALM BEACH, FL 33480**

**20012029**



**DO NOT WRITE IN THIS SPACE**

02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2498634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CROSSEN, JOSEPH F  
118 DOLPHIN ROAD  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD PD  
CROSSEN, JOSEPH F  
118 DOLPHIN ROAD  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WILKEY, JERRY  
111 REEF ROAD  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
JANIS, ANDI  
111 SEAGATE ROAD  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PANGIA, ISABEL  
135 SEAGATE ROAD  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-14-05**