2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706331

1. Entity Name
NORTH SHORE BEACH CLUB INC

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

03172006   Chg-NP   CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-2498634 — Applied For / Not Applicable
Zip	Country	Zip	Country	**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
CROSSEN, JOSEPH F 118 DOLPHIN ROAD PALM BEACH, FL 33480	Name _ka_ 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. 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, 2006	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CROSSEN, JOSEPH F STREET ADDRESS 118 DOLPHIN ROAD CITY-ST-ZIP PAM BEACH, FL 33480	☒ Delete	TITLE PD NAME VARICK FOSTER STREET ADDRESS 162 DOLPHIN RD. CITY-ST-ZIP PALM BEACH, FLA 33480	☐ Change ☒ Addition
TITLE PD NAME WILKEY, JERRY STREET ADDRESS 111 REEF ROAD CITY-ST-ZIP PALM BEACH, FL 33480	☒ Delete	TITLE PD NAME CAROL DEWING STREET ADDRESS 156 DOLPHIN RD CITY-ST-ZIP PALM BEACH, FLA 33480	☐ Change ☒ Addition
TITLE VD NAME JANIS, ANDI STREET ADDRESS 111 SEAGATE ROAD CITY-ST-ZIP PALM BEACH, FL 33480	☒ Delete	TITLE VD NAME ERIC BYLIN STREET ADDRESS 140 DOLPHIN RD. CITY-ST-ZIP PALM BEACH, FLA 33480	☐ Change ☒ Addition
TITLE SD NAME PANGIA, ISABEL STREET ADDRESS 135 SEAGATE ROAD CITY-ST-ZIP PALM BEACH, FL 33480	☒ Delete	TITLE SD NAME SCOTT DERRIN STREET ADDRESS 167 SEAGATE RD CITY-ST-ZIP PALM BEACH, FLA 33480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SD NAME JESSIE AZQUETA STREET ADDRESS 144 REEF RD CITY-ST-ZIP PALM BEACH, FLA 33480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SD NAME JIM PAYNE STREET ADDRESS 170 SEAGATE RD. CITY-ST-ZIP PALM BEACH, FLA 33480	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/27/06   561-632-1669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #