

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706331

FILED
Jan 20, 2009
Secretary of State

Entity Name: NORTH SHORE BEACH CLUB INC

Current Principal Place of Business:

156 DOLPHIN RD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

156 DOLPHIN RD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-2498634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWING, CAROL
156 DOLPHIN RD
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, VARICK
Address: 162 DOLPHIN RD
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: DEWING, CAROL
Address: 156 DOLPHIN RD
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: BYLIN, ERIC
Address: 140 DOLPHIN RD
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: DERRI, SCOTT
Address: 167 SEAGATE RD
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: AZQUETTA, JESSIE
Address: 144 REEF RD
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: PAYNE, JIM
Address: 170 SEAGATE RD
City-St-Zip: PALM BEACH, FL 33480

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:

Title: SD (X) Change () Addition
Name: DERRIN, SCOTT
Address: 167 SEAGATE RD
City-St-Zip: PALM BEACH, FL 33480

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: CAROL DEWING

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date