2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725081

FILED Apr 25, 2005 Secretary of State

Entity Name: BARCELONA CONDOMINIUM NORTH, INC.

Current Principal Place of Business: New Principal Place of Business: 251 S. CYPRESS RD **CLUBHOUSE OFFICE** POMPANO BEACH, FL 33060 **New Mailing Address: Current Mailing Address:** 10034 W. MCNAB RD. TAMARAC, FL 33321 FEI Number: 59-1482324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILES, JAMES R 10034 W. MCNAB RD. TAMARAC, FL 33321 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BEAULIEU, ROLAND BERNARDO, STEVEN Name: Name: 10034 W MCNAB ROAD Address: 10034 W MCNAB ROAD Address: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition ROGERS, JANET G Name: Name: Address: 10034 W MCNAB ROAD Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition PITMAN, MARVIN BEAULIEU, ROLAND Name: Name: 10034 W MCNAB ROAD Address: 10034 W MCNAB ROAD Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: PD () Delete Title: () Change () Addition Name: COLLINS, ERIC Name: 10034 W MCNAB ROAD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition VIVIRTO, PAT Name: Name: 10034 W MCNAB ROAD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition PRESCOTT, NORMAN NONEMAKER, LINDA Name: Name: Address: 10034 W MCNAB ROAD Address: 10034 W MCNAB ROAD TAMARAC, FL 33321 TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC COLLINS PD 04/25/2005