2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90030 014 ****61.25

DOCUMENT # 725081

1. Entity Name
BARCELONA CONDOMINIUM NORTH, INC.

Principal Place of Business	Mailing Address
251 S. CYPRESS RD CLUBHOUSE OFFICE POMPANO BEACH, FL 33060	10034 W. MCNAB RD. TAMARAC, FL 33321

01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1482324 ☐ Applied For ☐ Not Applicable

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
SHENDELL AND ASSOCIATES P.A. 3650 N FEDERAL HWY #202 LIGHTHOUSE, FL 33064	Name 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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STAFFORD, KRISTEN 10034 W MCNAB ROAD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NATALIE SCHWARTZ 251 S. Cypress Rd # 133 Pompano Beach FL 33060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROGERS, GAYLE 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Antha Gayle Flora 259 S. Cypress Rd # 515 Pompano Beach FL 33060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, MICHAEL 10034 W MCNAB ROAD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norman Prescott 257 S. Cypress Rd # 424 Pompano Beach FL 33060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, ERIC 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roland Beaulieu 251 S. Cypress Rd # 114 Pompano Beach, FL 33060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VIVIRTO, PAT 10034 W MCNAB ROAD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NONEMAKER, LINDA 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Natalie Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #