2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725081

Entity Name: BARCELONA CONDOMINIUM NORTH, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
CLUBHOL	PRESS RD JSE OFFICE D BEACH, FL	33060					
Current Mailing Address:				New Mailing Address:			
	MCNAB RD. C, FL 33321						
FEI Number	: 59-1482324	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificat	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SHENDELL AND ASSOCIATES P.A. 3650 N FEDERAL HWY #202 LIGHTHOUSE, FL 33064 US				SHENDELL AND ASSOCIATES P.A. 3650 N FEDERAL HWY #202 LIGHTHOUSE POINT, FL 33064 US			
	e named entity e of Florida.	submits this statement for the	purpose o	f changing it	ts registered	d office or re	gistered agent, or both,
SIGNATURE:				02/23/2009			
	Electro	nic Signature of Registered Ag	ent				Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFFI	CERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VP (STAFFORD, K 10034 W MCN TAMARAC, FL	IAB ROAD		Title: Name: Address: City-St-Zip:	P MAYERS, EI 10034 W MO TAMARAC, F	NAB ROAD) Addition
Title: Name: Address: City-St-Zip:	FLORA, ANTH 259 S. CYPRE			Title: Name: Address: City-St-Zip:	D FLORA, ANT 10034 W MO TAMARAC, F	NAB ROAD) Addition
Title: Name: Address: City-St-Zip:	D (WILLIAMS, MI 10034 W MCN TAMARAC, FL	IAB ROAD		Title: Name: Address: City-St-Zip:	VP WILLIAMS, N 10034 W MC TAMARAC, F	NAB ROAD) Addition
Title: Name: Address: City-St-Zip:	BEAUIEU, RO 251 S. CYPRE			Title: Name: Address: City-St-Zip:	D PRESCOTT, 10034 W MC TAMARAC, F	NAB ROAD) Addition
Title: Name: Address: City-St-Zip:	T (VIVIRTO, PAT 10034 W MCN TAMARAC, FL			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	S SCHWARTZ 10034 W MO TAMARAC, F	NAB ROAD	() Addition

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: EDWARD MAYERS P 02/23/2009