FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:57

DOCUMENT # 749409 (9)

1. Corporation Name
NORTH BEACH ASSOCIATION OF SAINT LUCIE COUNTY, I NC.

Principal Place of Business	Mailing Address
2417 NO OCEAN DR P.O. BOX 3573 FT PIERCE FL 34948	P.O. BOX 3573 P.O. BOX 3573 FT PIERCE FL 34948-3573 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1979	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1965548	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FAWSETT, MABEL B.
2417 N. OCEAN DRIVE
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	DORAN, JOHN	1.2 NAME	
STREET ADDRESS	3200 N. A1A #903	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FINLON, FRANK	2.2 NAME	
STREET ADDRESS	3216 S. LAKEVIEW CIR #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	LITTLE, ROBERT	3.2 NAME	VPD
STREET ADDRESS	2456 HARBOUR COVE	3.3 STREET ADDRESS	CLEVENGER, WILLIAM
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	5061 N. A1A #A804 Ft Pierce, Fl 34949
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	WEINER, JOYCE B.	4.2 NAME	
STREET ADDRESS	3100 NORTH A1A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	RYAN, TOM	5.2 NAME	D
STREET ADDRESS	3100 NORTH A1A	5.3 STREET ADDRESS	BILL GESNER
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	253 Marina Drive Ft Pierce, Fl 34949
TITLE	DC	6.1 TITLE	☐ Change ☒ Addition
NAME	HAYES, MARY	6.2 NAME	D
STREET ADDRESS	2707 N. A1A	6.3 STREET ADDRESS	ERVIN, WIN
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	3120 N. A1A #PH-2 Ft. Pierce, Fl

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mabel B. Fawsett Mabel B Fawsett 1-14-95 407-464-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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