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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 10/19/1979

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DORAN, JOHN		1.2 NAME	Shirley Burlingham	
STREET ADDRESS	3200 N. A1A #903		1.3 STREET ADDRESS	5312 Loggerhead Pl	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	Ft Pierce FL 34949	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	NIEDNER, CHARLES		2.2 NAME	Nancy Spalding	
STREET ADDRESS	5047 N A1A		2.3 STREET ADDRESS	211 Marina Drive	
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	Ft Pierce, FL 34949	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	CLEVENGER, WILLIAM		3.2 NAME	Brian Kibbday	
STREET ADDRESS	5061 N. A1A #A804		3.3 STREET ADDRESS	923 Jackson Way	
CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP	Ft Pierce, FL 34949	
TITLE	DT	☒ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME	WEINER, JOYCE B.		4.2 NAME	Joseph Franco	
STREET ADDRESS	3100 NORTH A1A		4.3 STREET ADDRESS	2321 Atlantic Beach Blvd	
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP	Ft Pierce, FL 34949	
TITLE	D	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	GESNER, BILL		5.2 NAME	Peter Wittkuhns	
STREET ADDRESS	253 MARINA DR.		5.3 STREET ADDRESS	5051 North A-1-A, #16-1	
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP	Ft Pierce, FL 34949	
TITLE	DT	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	LINDBERG, JOHN		6.2 NAME	Peggy Doran	
STREET ADDRESS	2800 NORTH A1A #304		6.3 STREET ADDRESS	3200 North A-1-A, #903	
CITY-ST-ZIP	FT. PIERCE FL		6.4 CITY-ST-ZIP	Ft Pierce, FL 34949	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: SIGNATURE OF Peter Wittkuhns 1/26/98 (561) 468 0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071584