2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90227 049 ****61.25

DOCUMENT # 749409

1. Entity Name

NORTH BEACH ASSOCIATION OF SAINT LUCIE COUNTY, I

Principal Place of Business	Mailing Address
~~2412 NO OCEAN DR~~	7
P.O. BOX 3573	P.O. BOX 3573
FT PIERCE FL 34948	FT PIERCE FL 34948-3573
	US

DOU11057

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. Box 3573	Suite, Apt. #, etc.
City & State Fort Pierce Fl	City & State
Zip 34948 Country us.	Zip Country

4. FEI Number 59-1965548 ☐ 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
HEIMS, HOWARD ESQ. 1855 S. KANNER HWY STUART FL 34994	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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURLINGHAM, SHIRLEY 5312 LOGGERHEAD PLACE FT. PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPALDING, NANCY 211 MARINA DR FT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KILLDAY, BRIAN 909 JACKSON WAY FT. PIERCE FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRANKO, JOSEPH 2321 ATLANTIC ~~SEA DR~~ BLVD FT. PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2321 Atlantic Beach Blvd
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WITTKUHNS, PETER 5051 NORTH A 1 A, 16-1 FT. PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPALDING, NANCY 211 MARINA DR. FT. PIERCE FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Doran, Peggy 3200 North A-1-A, # 903 Fort Pierce, Fl 34949 ☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED Peter Wittkuhns 1/23/01 561-468-0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #