

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90017 024 ****61.25

DOCUMENT # 749409 1. Entity Name NORTH BEACH ASSOCIATION OF SAINT LUCIE COUNTY, INC.					
Principal Place of Business PO BOX 3573 FT PIERCE, FL 34948			Mailing Address P.O. BOX 3573 FT PIERCE, FL 34948-3573 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1965548	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIMS, HOWARD ESQ. 618 EAST OCEAN BLVD., STE 5 STUART, FL 34995			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTKUHNS, PETER		NAME		
STREET ADDRESS	5051 NORTH A 1 A, 16-1		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, DIANE		NAME		
STREET ADDRESS	114 QUEEN ANN COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENNEY, BILL		NAME		
STREET ADDRESS	124 QUEEN BESS CT.		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICHARDS, DORIS		NAME	VD Downing, Jean	
STREET ADDRESS	3215 S. LAKEVIEW CR., #12-20		STREET ADDRESS	5163 North A-1-A, #420D	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Fort Pierce, FL 34949	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNDT, CRAIG		NAME		
STREET ADDRESS	5051 NORTH A1A, #12-1		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VD Andrews, Diane	
STREET ADDRESS			STREET ADDRESS	114 Queen Ann Court	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Pierce FL 34949	
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:			Peter Wittkuhns, Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/17/06 Daytime Phone #: 772-468-0795		