


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 032 ****70.00

DOCUMENT # 749409					
1. Entity Name NORTH BEACH ASSOCIATION OF SAINT LUCIE COUNTY, INC.					
Principal Place of Business 618 EAST OCEAN BOULEVARD, SUITE 5 STUART, FL 34994			Mailing Address 4007 NORTH A1A SUITE 2 HUTCHINSON ISLAND, FL 34949-8524		
2. Principal Place of Business - No P.O. Box #		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			7. Name and Address of New Registered Agent		
HEIMS, HOWARD ESQ. 618 EAST OCEAN BOULEVARD, SUITE 5 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. 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, 2008		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	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNING, JEAN		NAME	HARDY, DON	
STREET ADDRESS	5163 NORTH A1A #420		STREET ADDRESS	5047 NORTH A1A, #1701	
CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949		CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENNEY, WILLIAM		NAME	HOOVER, NOEL	
STREET ADDRESS	124 QUEEN BESS CT.		STREET ADDRESS	3150 NORTH A1A, #805	
CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949		CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, DIANE		NAME	DESKOFF, GRETA	
STREET ADDRESS	114 QUEEN ANN COURT		STREET ADDRESS	5167 NORTH A1A, #706	
CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949		CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNDT, CRAIG		NAME	GLENN BOUNDY	
STREET ADDRESS	5051 NORTH A1A, #12-1		STREET ADDRESS	2413 TAMARIND DR.	
CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Craig Mundt</u>			CRAIG MUNDT 3/31/08 772 465-2001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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