2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2009
Secretary of State

DOCUMENT# 749409

Entity Name: NORTH BEACH ASSOCIATION OF SAINT LUCIE COUNTY, INC.

Current Principal Place of Business:

618 EAST OCEAN BOULEVARD, SUITE 5
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

4007 NORTH A1A
SUITE 2
HUTCHINSON ISLAND, FL 349498524

New Mailing Address:

FEI Number: 59-1965548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEIMS, HOWARD ESQ.
618 EAST OCEAN BOULEVARD, SUITE 5
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	DOWNING, JEAN	
Address:	5163 NORTH A1A #420	
City-St-Zip:	HUTCHINSON ISLAND, FL 34949	
Title:	V	( ) Delete
Name:	MCKENNEY, WILLIAM	
Address:	124 QUEEN BESS CT.	
City-St-Zip:	HUTCHINSON ISLAND, FL 34949	
Title:	T	( ) Delete
Name:	HOOVER, NOEL	
Address:	3150 NORTH AIA #805	
City-St-Zip:	HUTCHINSON ISLAND, FL 34949	
Title:	P	( ) Delete
Name:	MUNDT, CRAIG	
Address:	5051 NORTH A1A, #12-1	
City-St-Zip:	HUTCHINSON ISLAND, FL 34949	
Title:	S	( ) Delete
Name:	BOUNDY, GLENN	
Address:	2413 TAMARINO DR.	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	V	( ) Delete
Name:	HARDY, DON	
Address:	5047 NORTH AIA #1701	
City-St-Zip:	HUCHINSON ISLAND, FL 34949	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	KNAGGS, RON	
Address:	133 QUEEN CHRISTINA CT.	
City-St-Zip:	HUTCHINSON ISLAND, FL 34949	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON KNAGGS T 06/28/2009

Electronic Signature of Signing Officer or Director — Date