


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 027 ****61.25

DOCUMENT # 750358 1. Entity Name NORTH BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4201 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 US			Mailing Address C/O DEVELOPMENT CONSULTANTS INC. 2035 HARDING STREET, STE. 200 HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2211467	
				Applied For Not Applicable	
				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		
DEVELOPMENT CONSULTANTS INC. 2035 HARDING STREET, STE. 200 ATTN: ANDREW METROWITZ HOLLYWOOD, FL 33020			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMOHL, ROBERT 4201 N OCEAN DR., #207 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASSING, DAVID 4201 N. OCEAN DR. # 306 Hollywood, FL 33019
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMOHL, ROBERT 4201 N. OCEAN DR. #207 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SchmoHL, Robert 4201 N. Ocean DR. #207 Hollywood, FL 33019
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRONIN, MARILYNN 4201 N. OCEAN DR. #506 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, JOAN HALL- 4201 N. Ocean DR. # 307 Hollywood, FL 33019
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANLEY, PATRICIA 4201 N. OCEAN DR., #403 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSING, PAMELA SMITH- 4201 N. Ocean DR. # 306 Hollywood, FL 33019
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOAN 4201 N OCEAN DR., #307 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waechter, ROBERT 4201 N. Ocean DR. # 606 Hollywood, FL 33019
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLEY, STUART 4201 N OCEAN DR., #403 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>David A Bassing</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-2-05 954 295-9005 <small>Date Daytime Phone #</small>		

30036494



01132005 Chg-NP CR2E037 (10/03)