


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90079 002 \*\*\*\*61.25

<b>DOCUMENT # 750358</b>	
1. Entity Name <b>NORTH BEACH CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>4201 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 US</b>	Mailing Address <b>2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2211467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MEYROWITZ, ANDREW C/O DCI ASSOCIATION SERVICES 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020</b>

<b>7. Name and Address of New Registered Agent</b>
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 reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>BASSING, DAVID</b>
STREET ADDRESS	<b>4201 NORTH OCEAN DR SUITE 306-A</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	<b>WASCHTER, ROBERT</b>
STREET ADDRESS	<b>4201 NORTH OCEAN DR SUITE 606</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	<b>EDWARDS, JOAN HALL</b>
STREET ADDRESS	<b>4201 N OCEAN DR, # 307</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>HANLEY, PATRICIA</b>
STREET ADDRESS	<b>4201 N. OCEAN DR, #403</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>BENZ, JOHN</b>
STREET ADDRESS	<b>4201 NORTH OCEAN DR SUITE 601</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>HANLEY, STUART</b>
STREET ADDRESS	<b>4201 N OCEAN DR, #403</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bassing, David</b>
STREET ADDRESS	<b>4201 North Ocean Dr Suite 306A</b>
CITY-ST-ZIP	<b>Hollywood, FL 33019</b>
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kinn, Lois</b>
STREET ADDRESS	<b>4201 North Ocean Dr Suite 407D</b>
CITY-ST-ZIP	<b>Hollywood, FL 33019</b>
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ozariani, Karnig</b>
STREET ADDRESS	<b>4201 North Ocean Dr Suite 504B</b>
CITY-ST-ZIP	<b>Hollywood, FL 33019</b>
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hanley, Patricia</b>
STREET ADDRESS	<b>4201 N. Ocean Dr #403A</b>
CITY-ST-ZIP	<b>Hollywood, FL 33019</b>
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Benz, John</b>
STREET ADDRESS	<b>4201 North Ocean Dr Suite 601C</b>
CITY-ST-ZIP	<b>Hollywood FL 33019</b>
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hanley, Stuart</b>
STREET ADDRESS	<b>4201 N Ocean Dr #403A</b>
CITY-ST-ZIP	<b>Hollywood FL 33019</b>

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:** David Bassing **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_