FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

750918

(5)

NORTH BEACH CONDOMINIUM ASSOCIATION OF ST. JOHNS COUNTY, INC.

Principal Place of Business Mailing Address		i redert rendt blitt adtre seidt tipet lætt blett etdit blett etdit blett
9397-2 SAN JOSE BLVD 9397-3 SAN JOSE BLVD STE 2 STE #3 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257		3. Date Incorporated or Qualified 02/04/1980
US	US	4. FEI Number Applied For
<u> </u>		Not Applicable Not Applicable
2. Principal Place of Business	2a. Mailing Address 26	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	City & State	7. Is this nonprofit corporation a homeowners association?
Zip Country 25	Zip Cou	untry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
OBERDORGER, CHARLES 1719 BLANDING BLVD. JACKSONVILLE, FL		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
32210	<u> </u>	

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tamilia with, and accept the oblice as of, Section 617,0903, Florida Statutes.

agent. I a	m tamiliar with, and shoepythe oblic - "ans of, Sec	Floriday & Floriday	da Statutes	polations board of directors. Therefore accept the app	Johnner, as	regisiared
SIGNATUR.~				poration's board of directors. I herein accept the app		
/_	Signature, typed occurred name of registered agent any title if appli	cable. (NOTE: F	Registered Agent signature	e nequired when reinstati	/ /	•
12.	CFFICERS AND DIFECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	RAUCHWARGER, ALAN I.		1.2 NAME			
STREET ADDRESS	9397-3 SAN JOSE BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZiP	JACKSONVILLE FL		1.4 CITY-ST-ZIP			
TITLE	STD	DELETE	2.1 TATLE		Change	Addition
NAME	anguas, Edwin N.		2.2 NAME			
STREET ADDRESS	892 BELLAIR BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		2. 4 CITY - ST - ZIP			_ , , , , , ,
TITLE	VD	☐ DELETE	3.1 TJTLE		Change	Addition
NAME	LEIBOWITZ, RICHARD		3.2 NAME			
STREET ADDRESS	9774 SAN JOSE BLVD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP			
77722		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS		İ	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CiTY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST-ZIP	ed in Section 119 07(3)(i). Florida Statutes, I further ce	-41E - 41 - 4 41	to formanting

14. 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 annual report or supplemental annual 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 active empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ETECHORET. Pandrone

has 01/1/98

FILED

Feb 04 1998 8:00am

Secretary of State