

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008637

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** NORTH BEACH ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

217 RIVERSHORE LANE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

217 RIVERSHORE LANE  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

217 RIVERSHORE LANE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

217 RIVERSHORE LANE  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 43-2032793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYAN, PAT  
217 RIVERSHORE LANE  
ST. AUGUSTINE, FL 32084 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: PD ( ) Delete  
Name: AMBACH, MARK  
Address: 1400 MARSH LANDING PARKWAY STE 104  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VTD ( ) Delete  
Name: KENNY, JOHN  
Address: 1400 MARSH LANDING PARKWAY STE 104  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete  
Name: DENNEN, JOHN  
Address: 1400 MARSH LANDING PARKWAY STE 104  
City-St-Zip: JACKSONVILLE, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRYAN, PAT M  
Address: 217 RIVERSHORE LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VTD (X) Change ( ) Addition  
Name: ROBBINS, DAVID  
Address: 217 RIVERSHORE LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TRS (X) Change ( ) Addition  
Name: KUROSKO, TONY  
Address: 217 RIVERSHORE LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: PAT BRYAN

PRES

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date