2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State
04-26-2005 90166 015 ****61.25

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DOCUMENT # N04000001685

1. Entity Name
NORTH BEACHES COSTA BRAVA CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210

2. Principal Place of Business	3. Mailing Address
1008 Oceanwood Dr. No.	P.O. Box 50218
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Neptune Bch. Fl	City & State: Jacksonville Bch. FL
Zip: 32266 Country: Duval	Zip: 32240 Country: Duval

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number: 17-4936000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEARDSLEY, DALE A 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	Name: Sharon Fisher CAM Street Address (P.O. Box Number is Not Acceptable): 1008 Oceanwood Dr. No. City: Neptune Bch FL Zip Code: 32266

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: Sharon Fisher CAM 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ONDREJICKA, JOHN 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEARDSLEY, DALE A 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRELL, ALVARO 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Sharon Fisher CAM 4/21/05 904 242 2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #