2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # N0400001685 1. Entity Name NORTH BEACHES COSTA BRAVA CONDOMINIUM OWNERS' ASSOCIATION, INC.					03-01-2006	5 90017 001 ****6	51.25	
Principal Place of Business 1008 OCEANWOOD DRIVE NORTH NEPTUNE BEACH, FL 32266 Mailing Address P 0 BOX 50218 MACKSONVILLE E				L 32240	1 (10)		III 2011 ORIDI HELE DURI (210) DI	111 101 8 1 1 110 1
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			Chg-NP	CR2E037 (11/05)	
City & State		Cit	City & State		4. FEI Number 17-493		1 -1-	oplied For of Applicable
Zip	Country	Zij		Country	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	ditional d
	6. Name and Address o	f Current Registere	ed Agent		7. Name and	Address of New F	Registered Agent	
CAM, SHARON 1008 OCEANWOOD DRIVE NORTH				Name Sharon Fisher Street Address (P.O. Box Number is Not Acceptable)				
NEPTUNE BEACH, FL 32266				100	8 Ocea	nwood	Drive N	orth
				City	Oder no Z	OACK	FI \$35,99	21010
	named entity submits this stations of registered agent.	atement for the purp	ose of changing its r	egistered office o	r registered agent, or bo	th, in the State of Fi	orida. I am familiar with,	and accept
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required vision and title if applicable.)						\sim	124166	
SIGNATURE.	Signature, typed or printed name of reg	istered agent and title if app	olicable. (NOTE:	Registered Agent signs	ture required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of reg Filling Fee is \$61.25 Due by May 1, 2006	istered agent and title if app		paign Financing		~ ,	DATE lake check payable to rida Department of Si	
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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:

Sharon Jusher Signature and Typed on Printed Name OF SIGNING OFFICER OR DIRECTOR