

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001685

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

1008 OCEANWOOD DRIVE NORTH
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

P O BOX 50218
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 17-4936000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, SHARON
1008 OCEANWOOD DRIVE NORTH
NEPTUNE BEACH, FL 32266 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: P () Delete
Name: GREENHUT, ADRIAN
Address: 3141 ISSEN LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: V () Delete
Name: BLUMSTEIN, DAMIEN
Address: 114 18TH AVE N UNIT H
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: BARNETT, JEFF
Address: 114 18TH AVE N UNIT F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: SHULER, JOHN
Address: 114 18TH AVE N UNIT D
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON FISHER

MGM

04/13/2009

Electronic Signature of Signing Officer or Director

Date