2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 14, 2007 8:00 am
Secretary of State
05-14-2007 90090 038 ****61.25

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03222007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000009723

1. Entity Name
THE NORTHSHORE CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.

Principal Place of Business	Mailing Address
328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250	328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
753 Atlantic Blvd	PO Box 330076
Suite, Apt. #, etc.: #1	Suite, Apt. #, etc.
City & State: Atlantic Beach FL	City & State: Atlantic Beach FL
Zip: 32233 Country: USA	Zip: 32233 Country: USA

4. FEI Number: 20-5555940 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name: Marvin + Floyd Realty, Inc
Street Address (P.O. Box Number is Not Acceptable): 753 Atlantic Blvd., #1
City: Atlantic Beach FL Zip Code: 32233

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: Marvin + Floyd Realty Inc — 3-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	PD HOWE, ANDREW M V 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD J. CULLEN RICHART 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HILL, DEBROAH 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250	☐ 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
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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 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: manager 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #