2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N07000005600

Entity Name: BEACHCOMBER OF NOBE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1160 E HALLANDALE BEACH
HALLANDALE, FL 33009

New Principal Place of Business:

17070 COLLINS AVENUE
SUITE #256 C/O TAHO GROUP
SUNNY ISLES, FL 33160

Current Mailing Address:

1160 E HALLANDALE BEACH
HALLANDALE, FL 33009

New Mailing Address:

17070 COLLINS AVENUE
SUITE #256 C/O TAHO GROUP
SUNNY ISLES, FL 33160

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, LIOR
1160 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

TAHO GROUP, LLC
17070 COLLINS AVENUE
SUITE #256
SUNNY ISLES, FL 33160 US

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: LIOR COHEN 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, LIOR
Address: 1160 E HALLANDALE BEACH
City-St-Zip: HALLANDALE, FL 33009

Title: V ( ) Delete
Name: CRESSLER, JOHN
Address: 320 85 ST #25
City-St-Zip: MIAMI BEACH, FL 33141

Title: T ( ) Delete
Name: HAN, OREN
Address: 3370 NE 190 ST., APT 814
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete
Name: GAYDOS, GWEN
Address: 320 85TH ST., #21
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, LIOR
Address: 17070 COLLINS AVENUE, SUITE #256
City-St-Zip: SUNNY ISLES, FL 33160

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: LIOR COHEN P 01/21/2009
Electronic Signature of Signing Officer or Director Date