

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90028 050 \*\*\*\*61.25

**DOCUMENT # N07000008748**

1. Entity Name  
**SOUTH BEACH NSB NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**2808 HILL STREET  
NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**2808 HILL STREET  
NEW SMYRNA BEACH, FL 32169**

60044470



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102008

Chg-NP

CR2E037 (12/06)

4. FEI Number

210-1098684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GERHARDT, KEITH  
2808 HILL STREET  
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent

Name **KEITH GERHARTZ**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

**KEITH GERHARTZ**

(NOTE: Registered Agent signature required when reinstating)

**4/12/08**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE **PTD** ☐ Delete  
NAME **GERHARDT, KEITH**  
STREET ADDRESS **2808 HILL STREET**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VPD** ☐ Delete  
NAME **WHEELER, THOMAS**  
STREET ADDRESS **4007 SOUTH ATLANTIC AVENUE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **SD** ☒ Delete  
NAME **GUTCH, SHERRY**  
STREET ADDRESS **824 E 11TH AVENUE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **D** ☐ Delete  
NAME **TURNER, CATHY**  
STREET ADDRESS **1909 HILL STREET**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **KEITH GERHARTZ** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **MARIE BUSHEY**  
STREET ADDRESS **E 24TH AV**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **ROSE LOASPOLO**  
STREET ADDRESS **1907 HILL ST**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEITH GERHARTZ - PRES 4/12/08 407-481-0996**

Date

Daytime Phone #