

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008748

FILED
Oct 07, 2009
Secretary of State

Entity Name: SOUTH BEACH NSB NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2808 HILL STREET
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

2808 HILL STREET
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 26-1098684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GERHARTZ, KEITH
2808 HILL STREET
NEW SMYRNA BEACH, FL 32169 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: KEITH GERHARTZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GERHARTZ, KEITH
Address: 2808 HILL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: WHEELER, THOMAS
Address: 4007 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: BUSHEY, MARIE
Address: E 24TH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: TURNER, CATHY
Address: 1909 HILL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: LOPOPOLO, ROSE
Address: 1907 HILL ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: ASH, WAYNE
Address: 837 10TH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: KEITH GERHARTZ

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10/07/2009

Electronic Signature of Signing Officer or Director

Date