

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13838

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** NORTH SHORE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2025 SEMINOLE RD.  
104  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

345 20TH STREET  
ATTN: STEVEN HANNAN  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-2672319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANNAN, STEVEN R  
345 20TH STREET  
ATLANTIC BEACH, FL 32233 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: D  
Name: HALL, MARY E  
Address: 2025 SEMINOLE RD - # 101  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D  
Name: FORD, DIANE  
Address: 14711 N.W. 58TH AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: D  
Name: HANNAN, STEVEN R  
Address: 2025 SEMINOLE RD - # 105  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D  
Name: DECKER, NANCY K  
Address: 2025 SEMINOLE RD - # 103  
City-St-Zip: ATLANTIC BCH, FL 32233

Title: D  
Name: COSBY, PATRICIA  
Address: 2025 SEMINOLE RD - # 104  
City-St-Zip: ATLANTIC BCH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: STEVEN R. HANNAN

D

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date