

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24808

FILED
Apr 16, 2009
Secretary of State

Entity Name: NORTH BEACH ESTATES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

919 PELICAN PL
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

919 PELICAN PL
PANAMA CITY BEACH, FL 32407 US

New Mailing Address:

FEI Number: 59-3190691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, ELENOR S
919 PELICAN PL
PANAMA CITY BEACH, FL 32407 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: TD () Delete
Name: MCDONALD, ELEANOR
Address: 919 PELICAN PL
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: PD () Delete
Name: MCDONALD, ELEANOR
Address: 919 PELICAN PL
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SD () Delete
Name: RUYACK, ROB
Address: 917 PELICAN PL
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VD () Delete
Name: JASON, MURRY
Address: 916 PELICAN PL
City-St-Zip: PANAMA CITY BEACH, FL 32407

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:

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: GREG HUDSON

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date