# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# N25611

**Entity Name:** NORTH BEACH VILLAGE "A" HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

241 64TH ST.
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

241 64TH ST.
HOLMES BEACH, FL 34217

**New Mailing Address:**

**FEI Number: 65-0081686** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ZAHN, WALTER S
241 64TH STREET
HOLMES BEACH, FL 34217 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: DP ( ) Delete
Name: BALDASSARI, GARY
Address: 239 64TH ST
City-St-Zip: HOLMES BEACH, FL

Title: DV ( ) Delete
Name: ZAHN, WALTER
Address: 241 64TH ST
City-St-Zip: HOLMES BEACH, FL 34217

Title: DTS ( ) Delete
Name: BALDASSARI, MARJ
Address: 239 64TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

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: VP ( ) Change (X) Addition
Name: ZAHN,WALTER, S.
Address: 241 64TH STREET
City-St-Zip: HOLMES BEACH,, FL 34217, MA

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: WALTER S. ZAHN VP 04/16/2009

Electronic Signature of Signing Officer or Director — Date