

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N26268

1. Entity Name
**NORTH BEACH VILLAGE "B" HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**6301 GULF DRIVE
HOLMES BEACH, FL 34217**

Mailing Address
**6301 GULF DRIVE
HOLMES BEACH, FL 34217**

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0081683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, FREDERICK
6301 GULF DRIVE
HOLMES BEACH, FL 34217**

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000955585
07/18/08-80003-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDREWS, FREDERICK
STREET ADDRESS	6301 GULF DRIVE
CITY-ST-ZIP	HOLMES BEACH, FL 34217

TITLE	VPD
NAME	WAHL, VIRGINIA
STREET ADDRESS	6327 GULF DR.
CITY-ST-ZIP	HOLMES BEACH, FL 34217

TITLE	STD
NAME	OHARA, EDWARD
STREET ADDRESS	49 PINE HILL AVE.
CITY-ST-ZIP	NORWALK, CT 06855

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Edward J. Ohara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08
Date Daytime Phone #