

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33298

1. Entity Name

NORTH BEACH VILLAGE I CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

6250 HOLMES BLVD #27
HOLMES BEACH FL 34217
US

6250 HOLMES BLVD. #100
HOLMES BEACH FL 34217-1677
US

2. Principal Place of Business

6250 HOLMES BLVD #27

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONNELL, THOMAS

6250 HOLMES BLVD #27 6250 HOLMES BLVD #27
HOLMES BEACH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCDONNELL, THOMAS
STREET ADDRESS 6250 HOLMES BLVD #27
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6250 HOLMES BLVD #27
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SNYDER, WILLIAM
STREET ADDRESS 6250 HOLMES BLVD #27
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6250 HOLMES BLVD #26
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME BERRA, DAVID
STREET ADDRESS 6250 HOLMES BLVD #27
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6250 HOLMES BLVD #21
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)