

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33299** (1)  
1. Corporation Name  
**OWNERS' ASSOCIATION AT NORTH BEACH VILLAGE, INC.**



Principal Place of Business <b>6250 HOLMES BLVD UNIT 40 HOLMES BEACH FL 34217 US</b>	Mailing Address <b>6250 HOLMES BLVD. UNIT 100 HOLMES BEACH FL 34217</b>
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3. Date incorporated or Qualified <b>07/18/1989</b>	4. FEI Number <b>65-0140063</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, R. RICHARD  
6250 HOLMES BLVD  
UNIT 40  
HOLMES BEACH FL 34217**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, R. RICHARD</b>	1.2 NAME	<b>MARSICANO, CHARLES</b>
STREET ADDRESS	<b>6250 HOLMES BLVD #40</b>	1.3 STREET ADDRESS	<b>6250 HOLMES BLVD. #33</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>	1.4 CITY-ST-ZIP	<b>HOLMES BEACH, FL 34217</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONNELL, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>6250 HOLMES BLVD #27</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>	2.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHREIER, JUDITH</b>	3.2 NAME	<b>ARBANAS, RONALD</b>
STREET ADDRESS	<b>6250 HOLMES BLVD. #38</b>	3.3 STREET ADDRESS	<b>6250 HOLMES BLVD. #44</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>	3.4 CITY-ST-ZIP	<b>HOLMES BEACH, FL 34217</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>TOCG, GERALD</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6250 HOLMES BLVD #42</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>HOLMES BEACH, FL 34217</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

4/29/98

941.778-7544

CR2E037 (10/97)