

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90163 037 \*\*\*\*61.25

0056008

**DOCUMENT # N33299**

1. Entity Name  
**OWNERS' ASSOCIATION AT NORTH BEACH VILLAGE, INC.**



Principal Place of Business  
**6250 HOLMES BLVD  
UNIT 40  
HOLMES BEACH FL 34217  
US**

Mailing Address  
**6250 HOLMES BLVD.  
UNIT 100  
HOLMES BEACH FL 34217**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0140063**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**C&S Condo Mgmt**

Street Address (P.O. Box Number is Not Acceptable)  
**4301 32nd St W**

Suite  
**Suite A-20**

City  
**Bradenton** FL Zip Code  
**34205**

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 *Shirley Bevan VP* DATE **4.30.03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**C&S Condo Mgmt**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SCHREIER, JUDITH 6250 HOLMES BLVD #36 HOLMES BEACH FL 34217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SNYDER, WILLIAM 6250 HOLMES BLVD #26 HOLMES BEACH FL 34217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MARSICANO, JEAN 6250 HOLMES BLVD. #33 HOLMES BEACH FL 34217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ARBANAS, RONALD 6250 HOLMES BLVD. #44 HOLMES BEACH FL 34217</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCDONELL, THOMAS 6250 HOLMES BLVD. #27 HOLMES BEACH FL 34217</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KORTIS, PATRICIA 6250 HOLMES BLVD. #41 HOLMES BEACH FL 34217</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Shirley Bevan* **RE REQUIRED** **5/14/03** **941-758-9454**

CR2E037 (10/02)