

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

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

05-27-2003 90168 019 ****61.25

DOCUMENT # N36323

1. Entity Name

NORTH BEACH VILLAGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

6250 HOLMES BLVD.
UNIT 35
HOLMES BEACH FL 34217-1663
US

Mailing Address

6250 HOLMES BLVD.
BOX 100
HOLMES BEACH FL 34217-1663
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0173183**

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

~~SCHREIER, JUDITH~~
~~6250 HOLMES BLVD. #35~~
~~HOLMES BEACH FL 34217~~

Name
CAS Condo Mgmt
Street Address (P.O. Box Number is Not Acceptable)
7301 32nd St W
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 Brown VP
CAS Condo Mgmt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSICANO, JEAN	
STREET ADDRESS	6250 HOLMES BLVD. #33	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VIKERS, BRUCE	
STREET ADDRESS	6250 HOLMES BLVD., #72	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHREIER, JUDITH	
STREET ADDRESS	6250 HOLMES BLVD. #36	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03 811-778-3067

Daytime Phone #

CR2E037 (10/02)