

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0173183**

Applied For  
 Not Applicable

Zip Country

Zip Country

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 Dean VP* **4-30-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 Dean* **5/16/03** **941-778-3067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)