

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

NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # N41311  
1. Corporation Name  
**NORTH BEACH VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 6250 HOLMES BLVD UNIT 40 44 HOLMES BEACH FL 34217 US

Mailing Address: 6250 HOLMES BLVD UNIT 40 44 HOLMES BEACH FL 34217 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/13/90

3a. Date of Last Report: 4/7/95

4. FEI Number: 65-0233693

5. Certificate of Status Desired:  Applied For  Not Applicable

6. Election Campaign Financing:  \$8.75 Additional Fee Required

7. Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
COLLINS, R. RICHARD  
6250 HOLMES BLVD  
UNIT 40  
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent  
81 Name: RONALD ARBANAS  
82 Street Address (P.O. Box Number is Not Acceptable): 6250 HOLMES BLVD #44  
83  
84 City: HOLMES BEACH FL 85 Zip Code: 34217

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: RONALD ARBANAS, PRESIDENT DATE: 5/9/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RONALD J. ARBANAS	
STREET ADDRESS	6250 HOLMES BLVD #	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GERALD TOLE	
STREET ADDRESS	6250 HOLMES BLVD # 42	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LILLIAN STERIDAN	
STREET ADDRESS	6250 HOLMES BLVD # 53	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600001843956
6.3 STREET ADDRESS	-05/30/96--01017--041
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: RONALD J. ARBANAS DATE: 5/9/96

(941) 778-2133

CR2E037 (12/95)