

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48157

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** CENTURY CLUB NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 8TH ST  
KEY COLONY BCH, FL 33051 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 510694  
KEY COLONY BEACH, FL 33051 US

**New Mailing Address:**

PO BOX 510694  
KEY COLONY BEACH, FL 330510694 US

**FEI Number:** 65-0462052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEAUPRE, BEVERLY KAREN  
720 WEST OCEAN DRIVE  
UNIT 202  
KEY COLONY BEACH, FL 33051 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEAUPRE, THOMAS R  
Address: 720 W. OCEAN DR., UNIT 207  
City-St-Zip: KEY COLONY BEACH, FL 330510694

Title: PTSD ( ) Delete  
Name: BEAUPRE, BEVERLY K  
Address: 720 W. OCEAN DR., UNIT 202  
City-St-Zip: KEY COLONY BEACH, FL 330510694

Title: D ( ) Delete  
Name: MCKEE, BARBARA  
Address: 200 8TH STREET, APT 2  
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: D ( ) Delete  
Name: HENRY, KATHERINE M  
Address: 3009 EAST FRANCIS CIRCLE  
City-St-Zip: SAINT CHARLES, IL 60174

Title: D ( ) Delete  
Name: KATHLEEN, STOLL  
Address: 840 COPA D'ORO  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: BEAUPRE, THOMAS R  
Address: 720 W. OCEAN DR., UNIT 202  
City-St-Zip: KEY COLONY BEACH, FL 330510694

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY KAREN BEAUPRE

PTSD

04/11/2009

Electronic Signature of Signing Officer or Director

Date