
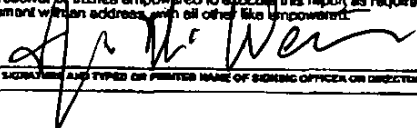


FILED  
Feb 13, 2006 8:00 am  
Secretary of State

02-13-2006 90037 025 \*\*\*\*61.25

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N93000001536</b>					
1. Entity Name <b>THE NETHERLAND OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1330 OCEAN DR MIAMI BEACH, FL 33139			Mailing Address 1330 OCEAN DR MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0500100	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD, JAMES 4537 SHERIDIAN AVE MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent of status required when necessary)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, NORTON		NAME		
STREET ADDRESS	1330 OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRY, IAN		NAME		
STREET ADDRESS	1330 OCEAN DR #101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33139		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWTAMILLS, GEORGE		NAME	GEORGE FONTANILLS	
STREET ADDRESS	1330 OCEAN DR		STREET ADDRESS	1330 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASKELL, ERIC		NAME	ERIC HASKELL	
STREET ADDRESS	1330 OCEAN DR		STREET ADDRESS	1330 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRACUM, RICHARD		NAME		
STREET ADDRESS	1330 OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/24/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					