Apr 16 07 10:38a Martyn Greene

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007 8:00 am**
**Secretary of State**
04-30-2007 90399 043 ****61.25

DOCUMENT # N93000002977

1. Entity Name
NASSAU POINTE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1160-1190 NASSAU ST<br>DELRAY BCH, FL 33483 | PO BOX 3097<br>BOYNTON BEACH, FL 33424-3097 |

04152007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 500 NE Spanish River Blvd | 500 NE SPANISH RIVER BLVD |
| Suite, Apt., etc. Ste. 18 | Suite, Apt., etc. 18 |
| City & State Boca Raton FL | City & State BOCA RATON, FL |
| Zip 33431 Country US | Zip 33431 Country |

4. FEI Number 65-0422361 ☐ 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 |
|---|---|
| MANAGEMENT PROCAM INC<br>8887-B THUMBWOOD CIRCLE<br>BOYNTON BEACH, FL 33236 | Name: BEACON PROPERTY MANAGEMENT, INC.<br>Street Address (P.O. Box Number is Not Acceptable): 500 NE SPANISH RIVER BLVD<br>SUITE 18<br>City: BOCA RATON FL Zip Code: 33431 |

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when adding)

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 | PSD<br>SCHUELE, ROBERT<br>1170 NASSAU ST<br>DELRAY BCH, FL 33483 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VPD<br>TINSLEY, BART<br>1170 NASSAU ST.<br>DELRAY BEACH, FL 33483 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VPD<br>MARRA, JAMIE<br>1190 NASSAU ST<br>DELRAY BCH, FL 33483 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | PD<br>MARRA, JAMIE<br>1190 NASSAU ST.<br>DELRAY BEACH, FL 33483 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>GREENE, JUDITH<br>1160 NASSAU ST<br>DELRAY BCH, FL 33483 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | SD<br>GREENE, MARTYN<br>1160 NASSAU ST.<br>DELRAY BEACH, FL 33483 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | TD<br>GALLIVAN, SCOTT<br>1180 NASSAU ST<br>DELRAY BCH, FL 33483 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |

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:** James Marra 4/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date