

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002977

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** NASSAU POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD  
STE 18  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD  
STE 18  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0422361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEACON PROPERTY MANAGEMENT, INC.  
500 NE SPANISH RIVER BLVD  
SUITE 18  
BOCA RATON, FL 33431 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: VD  
Name: TINSLEY, BART  
Address: 500 NE SPANISH RIVER BLVD #18  
City-St-Zip: BOCA RATON, FL 33483

Title: PD  
Name: MARRA, JAMIE  
Address: 500 NE SPANISH RIVER BLVD #18  
City-St-Zip: BOCA RATON, FL 33431

Title: SD  
Name: GREENE, MARTYN  
Address: 500 NE SPANISH RIVER BLVD #18  
City-St-Zip: BOCA RATON, FL 33431

Title: TD  
Name: GALLIVAN, SCOTT  
Address: 500 NE SPANISH RIVER BLVD #18  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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 all other like empowered.

SIGNATURE: JAMIE MARRA

PD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date