2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000004367

Entity Name: NORTHSHORE OF FERNANDINA BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 854
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

96027 NORTHSHORE DR
FERNANDINA BEACH, FL 32034

Current Mailing Address:

PO BOX 854
FERNANDINA BEACH, FL 320350854

New Mailing Address:

FEI Number: 59-3229021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMASSETTI, A. JEFFREY
308 1/2 CENTRE STREET
FERNANDINA BEACH, FL 32035 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: DP ( ) Delete
Name: FEAKES, NICHOLAS
Address: 4202 SUMMER BREEZE DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DV ( ) Delete
Name: STANLEY, REESE
Address: 4217 NORTHSHORE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DT ( ) Delete
Name: DAVIS, TERRY
Address: 1045 NORTHSHORE CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S ( ) Delete
Name: FEAKES, CERIS
Address: 4202 SUMMER BREEZE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: GAMBLE, DON
Address: 1047 NORTHSHORE CT
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: TERRY DAVIS DT 04/29/2009
Electronic Signature of Signing Officer or Director — Date