

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

01-26-2004 90020 041 ****61.25

DOCUMENT # N94000003546					
1. Entity Name THE NORTH BEACH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 201 RIVERVIEW PLACE NEW SMYRNA BEACH, FL 32169 US			Mailing Address 201 RIVERVIEW PL. NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GRAYCE K. BARCK 201 RIVERVIEW PLACE NEW SMYRNA BEACH, FL 32169-5239				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 obligation of registered agent. SIGNATURE: <u>Grayce K. Barck</u> DATE: <u>23 January</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE: D NAME: PEATROSS, OSCAR B STREET ADDRESS: 1225 NORTH ATLANTIC AVE. CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete				
TITLE: D NAME: RICHENBERG, RANDAL R STREET ADDRESS: 1402 N. PENINSULA AVE. CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete				
TITLE: PRESIDENT NAME: BARCK, GRAYCE K STREET ADDRESS: 201 RIVERVIEW PLACE CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:					
TITLE: DR NAME: LUX, ANDREA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 1304 N. Peninsula CITY-ST-ZIP: New Smyrna Beach, FL 32169					
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____					
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____					
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____					
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Grayce K. Barck</u> DATE: <u>23 January 04</u> <u>386-428-9596</u> <small>(Signature and typed or printed name of signing officer or director)</small>					

