

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002728

FILED
Jul 13, 2004
Secretary of State**Entity Name:** NORTH BEACH SQUARE NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**911 SUNRISE LANE
FT LAUDERDALE, FL 33304**New Principal Place of Business:****Current Mailing Address:**911 SUNRISE LANE
FT LAUDERDALE, FL 33304**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHIAVONE, TIM
911 SUNRISE LANE
FT LAUDERDALE, FL 33304**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: D () Delete
Name: O'DONNELL, JOE
Address: 911 SUNRISE LANE
City-St-Zip: FT LAUDERDALE, FL 33304Title: DPS () Delete
Name: SCHIAVONE, TIMOTHY J
Address: 911 SUNRISE LANE
City-St-Zip: FT LAUDERDALE, FL 33304Title: DVT () Delete
Name: FELTMAN, CHARLES
Address: 3134 NE 9TH ST
City-St-Zip: FT LAUDERDALE, FL 33304**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY SCHIAVONE

DPS

07/13/2004

Electronic Signature of Signing Officer or Director

Date