

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002728

FILED  
Feb 02, 2006  
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 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: D ( ) Delete  
Name: O'DONNELL, JOE  
Address: 911 SUNRISE LANE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: DPS ( ) Delete  
Name: SCHIAVONE, TIMOTHY J  
Address: 911 SUNRISE LANE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: 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 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: TIM SCHIAVONE

RA

02/02/2006

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

\_\_\_\_\_  
Date