

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90065 019 \*\*\*\*61.25

**DOCUMENT # N97000002629**

1. Entity Name  
**NORTH BEACH TOWNHOMES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**393 FRANKLIN STREET  
HOLLYWOOD, FL 33019**

Mailing Address  
**393 FRANKLIN STREET  
HOLLYWOOD, FL 33019**

40017482



2. Principal Place of Business - No P.O. Box #

**391 Franklin Street**

Suite, Apt. #, etc.

3. Mailing Address

**391 Franklin Street**

Suite, Apt. #, etc.

01262007

Chg-NP

CR2E037 (12/06)

City & State  
**Hollywood FL**

Zip  
**33019**

Country

City & State  
**Hollywood FL**

Zip  
**33019**

Country

4. FEI Number  
**65-0828004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, SHARON  
393 FRANKLIN STREET  
HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent

Name

**RIVAS, EDWARD**

Street Address (P.O. Box Number is Not Acceptable)

**391 Franklin Street**

City

**Hollywood**

**FL**

Zip Code

**33019**

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 obligations of registered agent.

SIGNATURE

*Edward L. Rivas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/26/07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SCHWARTZ, SHARON  
STREET ADDRESS 393 FRANKLIN STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE VD ☐ Delete  
NAME RIVAS, ED  
STREET ADDRESS 391 FRANKLIN STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE SD ☐ Delete  
NAME BOND, BARBARA  
STREET ADDRESS 389 FRANKLIN STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Edward L. Rivas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/07**

DATE

**954 993-6797**

DAYTIME PHONE #