

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002629

FILED
Feb 02, 2009
Secretary of State

Entity Name: NORTH BEACH TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

391 FRANKLIN ST
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

391 FRANKLIN ST
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 65-0828004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, EDWARD
391 FRANKLIN ST
HOLLYWOOD, FL 33019 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: PD () Delete
Name: NOVOTNY, BRIAN
Address: 387 FRANKLIN ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: RIVAS, ED
Address: 391 FRANKLIN STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: BOND, BARBARA
Address: 389 FRANKLIN STREET
City-St-Zip: HOLLYWOOD, FL 33019

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 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: EDWARD RIVAS

VD

02/02/2009

Electronic Signature of Signing Officer or Director

Date