

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005150

1. Entity Name

NORTH BEACH RESIDENTS ASSOCIATION, INC.

Principal Place of Business

431 ESTERO BLVD
FT MYERS BEACH FL 33931

Mailing Address

431 ESTERO BLVD
FT MYERS BEACH FL 33931-2016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0780584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRADY, BEVERLY
431 ESTERO BLVD
FT MYERS BEACH FL 33931

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LUSCH, PETER
STREET ADDRESS 431 ESTERO BLVD
CITY-ST-ZIP FT MYERS BEACH FL 33931

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

TITLE VD ☐ Delete
NAME RYFFEL, CARLETON
STREET ADDRESS 100 ESTERO BLVD STE 434
CITY-ST-ZIP FT MYERS BEACH FL 33931

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

TITLE STD ☐ Delete
NAME RAIMONDI, LAWRENCE A
STREET ADDRESS 12800 UNIVERISTY DRIVE
CITY-ST-ZIP FT MYERS FL 33907

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 exemption stated in Section 119.07(3)(l), 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 another like empowered.

SIGNATURE:

Lawrence A. Raimondi
LAWRENCE A. RAIMONDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

941-463-4719

Daytime Phone #

CR2E037 (9/99)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90054 039 ****61.25

A0051613



DO NOT WRITE IN THIS SPACE