2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2025
Secretary of State
2170828202CC

DOCUMENT# 749409

Entity Name: NORTH BEACH ASSOCIATION OF SAINT LUCIE COUNTY, INC.

Current Principal Place of Business:

1864 WILDCAT COVE DR
HUTCHINSON ISLAND, FL 34949

Current Mailing Address:

1864 WILDCAT COVE DR
HUTCHINSON ISLAND, FL 34949 US

FEI Number: 59-1965548

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEIMS, HOWARD ESQ.
618 EAST OCEAN BOULEVARD, SUITE 5
STUART, FL 34994 US

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

Officer/Director Detail :

Title	TREASURER
Name	MEDINA, SUSANN
Address	1864 WILDCAT COVE DR
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	VP
Name	VALDES, FELICIA
Address	5159 N HWY A1A UNIT 711
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	SECRETARY
Name	FRANCISZKOWICZ , HENRIKA
Address	5300 GALLEY WAY
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	VP
Name	MESSINEO, LISA
Address	2410 OAK DRIVE
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	PRESIDENT
Name	LEVERIDGE, DIANNE
Address	5264 INLET WAY
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	VP
Name	GIETEMA, WILLIAM
Address	3500 N A1A UNIT PH B1
City-State-Zip:	HUTCHINSON ISLAND FL 34949

I hereby 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 all other like empowered.

SIGNATURE: SUSANN MEDINA TREASURER 01/22/2025

Electronic Signature of Signing Officer/Director Detail — Date