

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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	RODRIGUEZ, HECTOR
Address	5049 ATLANTIC BEACH BLVD # 201
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	SECRETARY
Name	HAMES, ANDREA
Address	4200 N. HWY A1A # 1116
City-State-Zip:	HUTCHINSON ISLAND FL 34949

Title	PRESIDENT
Name	RIORDAN, MICHAEL DR.
Address	213 MARINA DRIVE
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****01/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date