


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90471 044 ****61.25

DOCUMENT # 753109			
1. Entity Name NORTH MIAMI SUNKIST GROVE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 680-057 N. MIAMI FL 33168		Mailing Address P.O. BOX 680-057 N. MIAMI FL 33168	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54053757



MOORE CR2E037 (11/03)

4. FEI Number 65-0021706		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOTT, GALVIN 13506 NE 24TH CT N. MIAMI FL 33161		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERKE, CLARENCE 905 N.W. 133 ST MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Joyce Mumford 730 N. W. 134 St. N, Miami, Fla. 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOREY, DUKE 1075 N W 128 ST MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Carol Geimer 1030 N. w. 128 St. N. Miami, Fla. 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, BARBARA 13450 N.W. 11TH AVE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE O NAME STREET ADDRESS CITY-ST-ZIP	James Watt 1020 N.W. 120 St. N. Miami, Fla. 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATT, MADELINE 1020 NW 120TH ST NORTH MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEARY, THOMAS 12715 N W 8TH AVE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO MUMFORD, JOYCE 750 N.W. 134TH ST MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MADELINE WATT *Madeline Watt* 5-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54053757

#753109

April 5, 2004

Dear Sirs,

I want to apologize for this report being a few days late.

I am Madeline Watt, Treasurer of Suncrest Grove Home Owners Assn. I am 83 years old - lived in this house since 1948 & actual in North Miami. I had a terrible accident crushing my arm & injury to my shoulder. I took 8 weeks of therapy 3 times a week. I still don't have full use of my arm.

I know you will excuse the report being a few days late and I thank you very much because I could never pay the fine and our association is too small to pay.

Thank you so much,
Madeline Watt