2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90091 018 ****61.25

DOCUMENT # 753109

1. Entity Name

NORTH MIAMI SUNKIST GROVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 680-057 N. MIAMI FL 33168	P.O. BOX 680-057 N. MIAMI FL 33168

1st MOORE CR2E037 (10/04)

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 65-0021706 ☐ 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
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 _____
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUMFORD, JOYCE 730 NW 134 ST. MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOREY, DUKE 1075 N.W. 128 ST MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition McCleary, Thomas 12715 N. W. 8th Ave North Miami, Fl. 33168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, BARBARA 13450 N.W. 11TH AVE MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Geimer, Carol 1030 NW 128th St North Miami, Fla.33168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATT, MADELINE 1020 NW 120TH ST NORTH MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEARY, THOMAS 12715 N W 8TH AVE MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Watt, James 1020 N. W. 120th St North Miami, Fl. 33168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MERKE, CLARENCE 905 NW 133 ST MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #