


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

02-22-2006 90014 025 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0021706	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable		1st MOORE CR2E037 (10/05)			
8. Name and Address of Current Registered Agent SCOTT, GALVIN 13506 NE 24TH CT N. MIAMI FL 33161			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registrant or agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	
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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mumford, Joyce 750 NW 134 STREET NORTH MIAMI FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLEARY, THOMAS 12715 J. 8TH AVE MIAMI FL 33168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McLeary, Thomas 12715 NW 8 AVENUE NORTH MIAMI FL 33168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIMER, CAROL 1030 NW 128TH ST MIAMI FL 33168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WATT, Madeline 1020 NW 120 Street NORTH MIAMI FL 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Adela 1185 NW 120 Street NORTH MIAMI FL 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATT, JAMES 1020 N.W. 120TH ST MIAMI FL 33168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Ramon 1185 NW 120 STREET NORTH MIAMI FL 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERKE, CLARENCE 905 NW 133 ST. MIAMI FL 33168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geimer, Karol 1030 NW 128 STREET NORTH MIAMI FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Joyce K. Mumford</u> <u>Joyce K. Mumford</u> <u>05/04/06</u> <u>305/687-0866</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					