

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90204 028 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0021706

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MUMFORD, JOYCE	
STREET ADDRESS	730 NW 134 ST.	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCLEARY, THOMAS	
STREET ADDRESS	12715 J. 8TH AVE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WATT, MADEELINE	
STREET ADDRESS	1030 NW 128TH ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMOS, RAMON	
STREET ADDRESS	1185 NW 120 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMOS, ADELA	
STREET ADDRESS	1185 NW 120 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIMER, KAROL	
STREET ADDRESS	1030 NW 128 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mumford, Joyce	
STREET ADDRESS	750 NW 134 Street	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramos, Ramon	
STREET ADDRESS	1185 NW 120 Street	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCleary, Thomas	
STREET ADDRESS	12715 NW 8 AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramos, Adela	
STREET ADDRESS	1185 NW 120 Street	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geimer, Karol	
STREET ADDRESS	1030 NW 128 Street	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Ronald	
STREET ADDRESS	1545 NW 125 Street	
CITY-ST-ZIP	NORTH MIAMI FL 33167	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Joyce K. Mumford Joyce K. Mumford 4/26/07 305 687-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #