


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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
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01032008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

SCOTT, GALVIN
 13506 NE 24TH CT
 N. MIAMI, FL 33161

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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)

Filing Fee is \$61.25
Due by May 1, 2008

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

00000913774
 05/08/08-80005-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUMFORD, JOYCE 750 NW 134 STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMOS, RAMON 1185 NW 120 STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCLEARY, THOMAS 12715 NW 8 AVENUE NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, ADELA 1185 NW 120 STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIMER, KAROL 1030 NW 128 STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RONALD 1545 NW 125 STREET NORTH MIAMI, FL 33167

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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 Mumford Joyce Mumford 305/687-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: April 16/2008 Daytime Phone # _____