

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008307

FILED
Apr 23, 2007
Secretary of State

Entity Name: NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1418
PALM HARBOR, FL 34682

New Mailing Address:

550 N REO STREET
SUITE 300
TAMPA, FL 33609

FEI Number: 20-0927926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

REALMANAGE
550 N REO STREET
SUITE 300
TAMPA, FL 33609 US

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.

SIGNATURE: WADE MYERS

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, DUANE
Address: 8520 NORTHTON GROVES BLVD
City-St-Zip: ODESSA, FL 33556

Title: DVP () Delete
Name: SCHARDT, RICHARD
Address: 8509 NORTHTON GROVES BLVD
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: SMITH, DOREEN
Address: 8520 NORTHTON GROVES BLVD
City-St-Zip: OSDESSA, FL 33556

Title: TD () Delete
Name: COLE, PHILIP
Address: 15203 OCTAVIA LANE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MARTINELLI, JAMES
Address: 8507 NORTHTON GROVES BLVD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SIDDLE, JENNIFER
Address: 8519 NORTHTON GROVES BLVD
City-St-Zip: OSDESSA, FL 33556

Title: TD (X) Change () Addition
Name: SIDDLE, JEFFREY F
Address: 8519 NORTHTON GROVES BLVD
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE SMITH

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date