


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90219 031 ****61.25

DOCUMENT # N03000008307		
1. Entity Name NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		Mailing Address 550 N REO STREET SUITE 300 TAMPA, FL 33609
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 20-0927926		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 REALMANAGE 550 N REO STREET SUITE 300 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name REAL MANAGE LLC 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 registered agent and title if applicable. NOTE: Registered Agent signature required when substituting.</small>		
Filing Fee is \$81.25 Due by May 1, 2008		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	PD SMITH, DUANE 8520 NORTHTON GROVES BLVD ODESSA, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT BEHUNIAK, LOREN 15400 OCTAVIA LANE ODESSA, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHARDT, RICHARD 8509 NORTHTON GROVES BLVD ODESSA, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT JOHNSON, DENNIS 15400 OCTAVIA LANE ODESSA, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIDDLER, JENNIFER 8519 NORTHTON GROVES BLVD ODESSA, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY KANE, KEVIN 8529 NORTHTON GROVES BLVD ODESSA, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIDDLER, JEFFREY F 8519 NORTHTON GROVES BLVD ODESSA, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINELLI, JAMES 8507 NORTHTON GROVES BLVD ODESSA, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR SCHARDT, RICHARD 8509 NORTHTON GROVES BLVD ODESSA, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 Chapter 118, 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 filers empowered.		
SIGNATURE: <i>Dennis Johnson</i> Dennis Johnson 4/23/08 486-3613 <small>Signature of Registered Agent or Director Date</small>		

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