

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90263 026 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                                                     |                                                                 |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N47804</b><br>1. Entity Name<br>NORTH ANDREWS NEIGHBORHOOD ASSOCIATION INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                     |                                                                                     |                                                                 |                                                                              |
| Principal Place of Business<br>169 NORTHWEST 44TH STREET<br>SUITE 6<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     | Mailing Address<br>169 NORTHWEST 44TH STREET<br>SUITE 6<br>FT. LAUDERDALE, FL 33309 |                                                                 |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | 3. Mailing Address                                                                  |                                                                                     |                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Suite, Apt. #, etc.                                                                 |                                                                                     |                                                                 |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | City & State                                                                        |                                                                                     |                                                                 |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                | Zip                                                                                 | Country                                                                             |                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                                                     | 7. Name and Address of New Registered Agent                     |                                                                              |
| FILKINS, ERIC CPA<br>440 S FEDERAL HWY<br>STE 204<br>DEERFIELD BEACH, FL 33441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                     |                                                                                     | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                     |                                                                                     |                                                                 |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                     | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                    |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |                                                                                     |                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>COOTHIER, CHRISTINA<br>550 NE 59 STREET<br>OAKLAND PARK, FL 33334 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | P<br>MARTY FALK<br>4860 NE 1ST TER<br>OAKLAND PARK, FL 33334    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>ADANOTO, JOHN<br>5316 NE 5 AVE<br>OAKLAND PARK, FL 33334         | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | VP<br>LYNN ENGLE<br>5521 NE 1ST TER<br>OAKLAND PARK, FL 33334   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>DEFELICE, LINDA<br>4509 NW 5TH AVE.<br>FT LAUDERDALE, FL 33309    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | T<br>KENNETH BACHMAN<br>70 NW 56TH CT<br>OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ALBERTSON, KARI<br>1360 NE 47 COURT<br>OAKLAND PARK, FL 33334     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>ROSS MARINARO<br>5408 NE 1ST TER<br>OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>BERGER, KATHY<br>5616 NE 2 TERRACE<br>FORT LAUDERDALE, FL 33334   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>SUSAN MONI<br>141 NE 53RD CT<br>OAKLAND PARK, FL 33334     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 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>Marty Falk</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | Marty Falk, President                                                               |                                                                                     | Jan. 10, 2006 (954) 632-1667                                    |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <small>Date</small>                                                                 |                                                                                     | <small>Daytime Phone #</small>                                  |                                                                              |