FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91896 044 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47804

1. Entity Name
NORTH ANDREWS NEIGHBORHOOD ASSOCIATION INC.

11041802

Principal Place of Business	Mailing Address
169 NORTHWEST 44TH STREET SUITE 6 FT. LAUDERDALE, FL 33309	169 NORTHWEST 44TH STREET SUITE 6 FT. LAUDERDALE, FL 33309

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0330925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILKINS, ERIC CPA 75 NE 44TH STREET STE 7 FORT LAUDERDALE, FL 33334	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's signature required when reinstating)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FALK, MARTY 4960 NE 1ST TERRACE FT. LAUDERDALE, FL 33334	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition VP Kristina Clothier 550 NE 59 Ct. Ft. Laud, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V - President HORAWITZ, MARK 71 NE 48 CT FT. LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition Secretary Kathy Berger 5616 NE 2 Terr Ft. Laud FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - Director SMITH, SHARRYN 160 NW 47 ST FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition Treasurer Kari Albertson 5433 NE 2 Ave Ft. Laud FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFELICE, LINDA 4609 NW 5TH AVE. FT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition Director marlene Klinger 191 NW 47 St. Ft. Laud FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNAMARA, ROBERT 460 NE 61ST ST. FT LAUDERDALE, FL 33334	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition Director Joe Bowman 631 NE 56 CT Ft. Laud FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, SHIRLEY 5416 NE 3RD AVE. FT LAUDERDALE, FL 33334	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition Director Cathy Gerrity 5661 NE 6 Ave Ft. Laud FL 33334

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-30-03 954-695-7292
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR — Date — Daytime Phone #

MARK E. HORAWITZ