


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90036 049 ****61.25

DOCUMENT # N01000002776

1. Entity Name
 NORTH SHORE AT LAKE HART HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 5401 S KIRKMAN RD
 SUITE ~~475~~
 ORLANDO, FL 32819

Mailing Address
 5401 S KIRKMAN RD
 SUITE ~~475~~
 ORLANDO, FL 32819



2. Principal Place of Business
 5401 S. KIRKMAN RD
 Suite, Apt. #, etc.
 STE. 450

3. Mailing Address
 5401 S. KIRKMAN RD
 Suite, Apt. #, etc.
 STE 450

02232004 Chg-NP CR2E037 (10/03)

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

Zip
 32819

Country
 USA

Zip
 32819

Country
 USA

4. FEI Number
 59-3735721

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 COMMUNITY MGMT PROF INC
 5401 S KIRKMAN RD
 SUITE ~~475~~
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name
 COMMUNITY MGMT PROF, INC
 Street Address (P.O. Box Number is Not Acceptable)
 5401 S. KIRKMAN ROAD
 SUITE 450
 City
 ORLANDO FL Zip Code
 32819

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 3-15-04

Filing Fee is \$61.25
 Due by May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, DOUGLAS R 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SECRIST, ROBERT L III 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKER, DOUGLAS P 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/15/04 DAYTIME PHONE #: 407-903-9969