


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90012 010 \*\*\*\*61.25

<b>DOCUMENT # N01000002776</b>					
<b>1. Entity Name</b> NORTH SHORE AT LAKE HART HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819			<b>Mailing Address</b> 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3735721	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COMMUNITY MGMT PROF INC 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> RUSSELL, DOUGLAS R <b>STREET ADDRESS</b> 5511 HANSEL AVENUE <b>CITY-ST-ZIP</b> ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VSTD <b>NAME</b> SECRIST, ROBERT L III <b>STREET ADDRESS</b> 5511 HANSEL AVENUE <b>CITY-ST-ZIP</b> ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> HOOKER, DOUGLAS P <b>STREET ADDRESS</b> 5511 HANSEL AVENUE <b>CITY-ST-ZIP</b> ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> ARNOLD, STEPHEN T. <b>STREET ADDRESS</b> 9963 INDISO BAY CIRCLE <b>CITY-ST-ZIP</b> ORLANDO, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VPD <b>NAME</b> ROMERO, PAUL <b>STREET ADDRESS</b> 9725 MYRTLE CREEK LN <b>CITY-ST-ZIP</b> ORLANDO, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> HUMAN, SHANNON <b>STREET ADDRESS</b> 9837 SECRET COVE LANE <b>CITY-ST-ZIP</b> ORLANDO, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> BAKER, JOHN <b>STREET ADDRESS</b> 9924 HIDDEN DUNES LANE <b>CITY-ST-ZIP</b> ORLANDO, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> LAWTON, JIM <b>STREET ADDRESS</b> 9957 MARSH POINTE DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Shannon M. Human</u> <u>1/13/05</u> <u>407-903-9969</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					