2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000002776

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

FILED
2008 NOV 17 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08232008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819	5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9447 NORTH SHORE GOLF CLUB BLVD	9447 NORTH SHORE GOLF CLUB BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32832 Country: USA	Zip: 32832 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	7. Name and Address of New Registered Agent
KATZMAN GARFINKEL 1501 NW 49TH ST., STE. 202 FT. LAUDERDALE, FL 33309	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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	T MEISTER, ROSE 9761 OSPREY LANDING DR ORLANDO, FL 32832	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MEISTER, ROSEMARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MULLINS, CHUCK 10267 HART BART CIR ORLANDO, FL 32832	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR (D) ☒ Change ☐ Addition 10267 HART BRANCH CIRCLE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, GENE 9754 OSPREY LANDING DR ORLANDO, FL 32832	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (VP) ☒ Change ☐ Addition 700138013637 11/17/08--01070--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAKER, JOHN 9924 HIDDEN D ORLANDO, FL 32832	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9924 HIDDEN DUNES LANE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, JAMES 10365 HART BROAD CIR ORLANDO, FL 32832	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary (S) ☐ Change ☒ Addition MARIA O'Donnell 10012 Scottish Pines Court Orlando, FL 32832
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 10/28/08 907-948-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #