## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008307

Entity Name: NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 26, 2024 **Secretary of State** 3679284447CC

## **Current Principal Place of Business:**

C/O REALMANAGE 5523 W CYPRESS ST SUITE 102 TAMPA, FL 33607

## **Current Mailing Address:**

C/O REALMANAGE P O BOX 803555 DALLAS, TX 75380 US

FEI Number: 20-0927926 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Date

Officer/Director Detail:

**PRESIDENT** Title Title VΡ

Electronic Signature of Registered Agent

MARTINELLI. JIM MORALES, DAVID Name Name Address

C/O REALMANAGE Address C/O REALMANAGE 5523 W CYPRESS ST SUITE 102

5523 W CYPRESS ST SUITE 102

TAMPA FL 33607 TAMPA FL 33607 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **DIRECTOR** 

NEDELKO, STAN HUDSON, KATHLEEN Name Name

C/O REALMANAGE C/O REALMANAGE Address Address

5523 W CYPRESS ST SUITE 102 5523 W CYPRESS ST SUITE 102 TAMPA FL 33607 TAMPA FL 33607 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

Name DOLCH, ADAM C/O REALMANAGE Address

5523 W CYPRESS ST SUITE 102

TAMPA FL 33607 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/26/2024 **PRESIDENT** SIGNATURE: JIM MARTINELLI