2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90050 049 ***155.00

DOCUMENT # 435984

1. Entity Name
NORTH FORTY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
971 S.E. 32ND WAY MELROSE, FL 32666 US	P.O. BOX 603 MELROSE, FL 32666 US

DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2943129
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DROMPP, CATHERINE M
4344 JULINGTON CREEK RD
JACKSONVILLE, FL 32258

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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 signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	P
NAME	HODGKIN, HARRIET P	COMPTON LAUREL A
STREET ADDRESS	867 S.E. 92ND WAY	961 SE 32 ND WAY
CITY-ST-ZIP	MELROSE, FL 32666	MELROSE, FL 32666
TITLE	S	S
NAME	BARRON, CAROL F	ELLISON, KATHRINE P.
STREET ADDRESS	1801 N.W. 11TH ROAD	817 NW 15TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32605	GAINESVILLE, FL 32601
TITLE	VP	VP
NAME	CULVER, KATHLEEN	PAUL, PATRICIA E.
STREET ADDRESS	P.O. BOX 612 NA	961 SE 32 ND WAY
CITY-ST-ZIP	MELROSE, FL	MELROSE, FL 32666
TITLE	T	
NAME	ROTUNDO, DORE	
STREET ADDRESS	971 S.E. 32ND WAY	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 607, 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: Dore Rotundo DORE ROTUNDO 23 JAN. '07 352-473-2173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #