

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707920

FILED  
Sep 01, 2009  
Secretary of State

**Entity Name:** PALM SPRINGS NORTH CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

17910 N.W. 84 AVE.  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 171568  
MIAMI, FL 33017

**New Mailing Address:**

**FEI Number:** 23-7378000      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RODRIGUEZ, SAMUEL  
18130 NW 81ST CT.  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: COLLADO, PAT  
Address: P.O. BOX 171568  
City-St-Zip: HIALEAH, FL 33017

Title: TD ( ) Delete  
Name: SCAVUZZO, ROBERT  
Address: 7840 NW 185 ST  
City-St-Zip: HIALEAH, FL 33015

Title: PD ( ) Delete  
Name: RODRIGUEZ, SAMUEL  
Address: 18130 NW 81ST CT.  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT J SCAVUZZO

TD

09/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date