2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #709242



FILED Feb 04, 2008 8:00 am Secretary of State

1. Entity Nami NORTH B		E HOUSE ASSC	CIATION	N NO. 1, INC.			02	2-04-2008 90	0030 048 **	***61.25	
Principal Place of Business 1800 79 ST. CAUSEWAY #211 NORTH BAY VILLAGE, FL 33141 US			8299	Mailing Address 8299 CORAL WAY MIAMI, FL 33155							
2. Principal Place of Business - No P.O. Box # 3.			3. Maili	3. Mailing Address							
Suite, Apt, #, etc.			Suit	Suite, Apt. #, etc.			06262007	Chg-NP	CR2E037	7 (12/06)	
City & State			City	City & State			4. FEI Number Applied For 59-1575291 Not Applicable				
Zip		Country	Zip		Country		5. Certificate o	Status Desired		8.75 Add ee Required	
	6. Name a	and Address of Curren	t Registered	d Agent			7. Name and A	ddress of New	Registered A	gent	
PMS CORPORATION 8299 CORAL WAY MIAMI. FL 33155						Name Street Address (P.O. Box Number is Not Acceptable)					

					Ci	ty			FL	Zip Code	9
	named entity tions of registe	submits this statement f ered agent,	for the purpo	ose of changing its	registered of	fice or regist	tered agent, or both	in the State of F	lorida. I am fa	amiliar with.	and accept
SIGNATURE .		or printed name of registered ager	nt and title if appl	icable. (NOTE	E: Registered Ager	 nt signature requir	ired when reinstating)		DATE		
	Signature, typed of	or printed name of registered ager	nt and title if appl	9. Election Can Trust Fund C	npaign Finan		\$5.00 May Be Added to Fees	I .	DATE Make check brida Departi		
	Filing Fee	e is \$61.25 tember 14, 2007 OFFICERS AND D		9. Election Can	npaign Finan	cing _	\$5.00 May Be	Fic	Make check orida Departi	ment of St	ate
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR