

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716299

FILED
May 02, 2005
Secretary of State

Entity Name: PALM SPRINGS NORTH LAKE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOHN KARNES
18200 NW 78 AVE
HIALEAH, FL 33015

New Principal Place of Business:

C/O OTON MESTRE
18121 NW 85 AVE
HIALEAH, FL 33015

Current Mailing Address:

P O BOX 172207
HIALEAH, FL 330172207 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

KARNES, JOHN
18200 NW 78 AVE
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

MESTRE, OTON
18121 NW 85 AVE
HIALEAH, FL 33015 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: OTON MESTRE

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCHANK, JONI
Address: 8160 NW 183 ST.
City-St-Zip: HIALEAH, FL 00000,

Title: SD () Delete
Name: NEVES, NADINE
Address: 8440 NW 178 ST.
City-St-Zip: HIALEAH, FL 00000,

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

Title: D () Delete
Name: PEREZ, ORLANDO
Address: P.O.BOX172207
City-St-Zip: HIALEAH, FL 33017

Title: VP () Delete
Name: KAMES, JOHN
Address: 18200 NW 78 AVE
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCAVUZZO, CRISTINA
Address: 7840 NW 185 STREET
City-St-Zip: HIALEAH, FL 33015 US

Title: SD (X) Change () Addition
Name: KIPPLE, KIM
Address: 8440 NW 178 ST.
City-St-Zip: HIALEAH, FL

Title: VD (X) Change () Addition
Name: SCAVUZZO, ROBERT
Address: 7840 NW 185 ST
City-St-Zip: HIALEAH, FL 33015

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

Title: PD (X) Change () Addition
Name: MESTRE, OTON
Address: 18121 NW 85 AVE
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

VD

05/02/2005

Electronic Signature of Signing Officer or Director

Date