2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90009 037 ****61.25

DOCUMENT # 716299

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

Principal Place of Business
C/O OTON MESTRE
18121 NW 85 AVE
HIALEAH, FL 33015

Mailing Address
P O BOX 172207
HIALEAH, FL 33017-2207 US

2. Principal Place of Business: 18200 NW.78Ave.
Suite, Apt. #, etc.
City & State: Hialeah, Fl.
Zip: 33015 Country: USA.

3. Mailing Address: P.O. Box 172207
Suite, Apt. #, etc.
City & State: Hialeah, Fl.
Zip: 33017 Country: USA

03062006 Chg-NP CR2E037 (11/05)

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MESTRE, OTON
18121 NW 85 AVE
HIALEAH, FL 33015

7. Name and Address of New Registered Agent
Name: Karnes, John
Street Address (P.O. Box Number is Not Acceptable): 18200 NW. 78 Ave.
City: Hialeah FL Zip Code: 33015

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: X John Karnes President March 12, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☑ Delete	TITLE	TD ☑ Change ☐ Addition
NAME	SCAVUZZO, CRISTINA	NAME	Burt, Lisa
STREET ADDRESS	7840 NW 185 STREET	STREET ADDRESS	8330 NW. 185 Street
CITY-ST-ZIP	HIALEAH, FL 33015	CITY-ST-ZIP	Hialeah, FL 33015
TITLE	SD ☑ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	KIPPLE, KIM	NAME	Schank, Joan
STREET ADDRESS	8440 NW 178 ST.	STREET ADDRESS	8160 NW. 183 Street
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	Hialeah, FL 33015
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCAVUZZO, ROBERT	NAME	
STREET ADDRESS	7840 NW 185 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33015	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREZ, ORLANDO	NAME	
STREET ADDRESS	P.O.BOX172207	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33017	CITY-ST-ZIP	
TITLE	PD ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	MESTRE, OTON	NAME	Karnes, John
STREET ADDRESS	18121 NW 85 AVE	STREET ADDRESS	18200 NW 78 Ave
CITY-ST-ZIP	HIALEAH, FL 33015	CITY-ST-ZIP	Hialeah, Fl. 33015
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: X John Karnes John Karnes 3/12/06 305 823 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #