


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 78 Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 172207 Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33015		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Applicable): 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: <i>x John Karnes</i>		President March 12, 2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME: SCAVUZZO, CRISTINA STREET ADDRESS: 7840 NW 185 STREET CITY-ST-ZIP: HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Burt, Lisa STREET ADDRESS: 8330 NW 185 Street CITY-ST-ZIP: Hialeah, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: KIPPLE, KIM STREET ADDRESS: 8440 NW 178 ST. CITY-ST-ZIP: HIALEAH, FL	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Schank, Joan STREET ADDRESS: 8160 NW 183 Street CITY-ST-ZIP: Hialeah, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SCAVUZZO, ROBERT STREET ADDRESS: 7840 NW 185 ST CITY-ST-ZIP: HIALEAH, FL 33015	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PEREZ, ORLANDO STREET ADDRESS: P.O. BOX 172207 CITY-ST-ZIP: HIALEAH, FL 33017	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: MESTRE, OTON STREET ADDRESS: 18121 NW 85 AVE CITY-ST-ZIP: HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE: NAME: Karnes, John STREET ADDRESS: 18200 NW 78 Ave CITY-ST-ZIP: Hialeah, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>x John Karnes</i>		John Karnes 3/12/06 305 8232007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	