

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716299

FILED  
Apr 18, 2008  
Secretary of State

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

**Current Principal Place of Business:**

18200 NW 78TH AVE  
HIALEAH, FL 33015

**New Principal Place of Business:**

**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 ( )**

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

KARNES, JOHN  
18200 NW 78TH AVE  
HIALEAH, 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: TD ( ) Delete  
Name: BURT, LISA  
Address: 8330 NW 185TH ST  
City-St-Zip: HIALEAH, FL 33015 US

Title: SD ( ) Delete  
Name: SCHANK, JOAN  
Address: 8160 NW 183RD ST  
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete  
Name: SCAVUZZO, 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: PD ( ) Delete  
Name: KARNES, JOHN  
Address: 18200 NW 78TH AVE  
City-St-Zip: HIALEAH, 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: VD (X) Change ( ) Addition  
Name: KARNES, JOHN  
Address: 18200 NW 78 AVE  
City-St-Zip: HIALEAH, FL 33015

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

Title: PD (X) Change ( ) Addition  
Name: DIPUGLIA, DAVID  
Address: 7911 NW 181 STREET  
City-St-Zip: HIALEAH, FL 33015

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: JOHN KARNES

VD

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date