2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-05-2006 90147 015 ****61.25

DOCUMENT # 717795

1. Entity Name

THE NORDACARYA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
THOMAS MCGRATH 612 2ND AVENUE S #8 LAKE WORTH FL 33460 US	THOMAS MCGRATH 612 2ND AVENUE S #8 LAKE WORTH FL 33460 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0128919 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGRATH, THOMAS 612 2ND AVENUE SOUTH APT #8 LAKE WORTH FL 33460	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCGRATH, THOMAS 612 2ND AVE S #8 LAKE WORTH FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSMAN, SONYA 612 2ND AVE S #3 LAKE WORTH FL 33460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Juan Martinez 612 2nd Ave. S. #6 Lake Worth, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOULE, TIM 612 2ND AVE, S #1 LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSTAINE, BEVERLY 612 2ND AVENUE SOUTH #2 LAKE WORTH FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Mustaine, Beverly 612 2nd Av. S. #2 Lake Worth, FL 33460	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSE, SCOTT & SARA 612 2ND AVE S #5 LAKE WORTH FL 33460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jim Lewis 612 2nd Av. S. #3 Lake Worth, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TODD, KENDRA 612 2ND AVE S #7 LAKE WORTH FL 33460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Emmanuel Silveiro 612 2nd Ave. S. #5 Lake Worth, FL 33460	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerment.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #