

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 717795

1. Entity Name
THE NORDACARYA ASSOCIATION, INC.



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

Mailing Address
**THOMAS MCGRATH
612 2ND AVENUE S #8
LAKE WORTH, FL 33460 US**



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**MCGRATH, THOMAS
612 2ND AVENUE SOUTH APT #8
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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

Beverly Mustaine - *Beverly Mustaine Secretary* 1/18/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCGRATH, THOMAS
STREET ADDRESS	612 2ND AVE S #8
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	MARTINEZ, JUAN
STREET ADDRESS	612 2ND AVE SOUTH # 8
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	HOULE, TIM
STREET ADDRESS	612 2ND AVE, S #1
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	ST
NAME	MUSTAINE, BEVERLY
STREET ADDRESS	612 2ND AVENUE SOUTH #2
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	P
NAME	LEWIS, JIM
STREET ADDRESS	612 2ND AVE SOUTH # 3
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	SILVEIRO, EMMANUAL
STREET ADDRESS	612 2ND AVE SOUTH #5
CITY-ST-ZIP	LAKE WORTH, FL 33460

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01/31/07-80032-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Beverly Mustaine 1/18/07 582-3049 (561)