2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90186 018 ****61.25

DOCUMENT # 717889

1. Entity Name

SEA RANCH LAKES NORTH, INC.

Principal Place of Business	Mailing Address
5200 N. OCEAN BLVD. LAUDERDALE BY THE SEA FL 33308	5200 N. OCEAN BLVD. LAUDERDALE BY THE SEA FL 33308

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1351287 ☐ 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
DIAZ CAM, DAVID A C/O CAMPBELL PROPERTY MGMT 5200 N. OCEAN BLVD LAUDERDALE BY THE SEA FL 33308	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, 2007

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	VP HYNDS, EDWARD J 5200 N. OCEAN BLVD. #1607 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELMENDORF, ANN ELLEN 5200 N OCEAN BLVD # 609 FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR MATTHEW MAURIELLO 5200 N. OCEAN BLVD., #907 FORT LAUDERDALE, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORMOND, DOROTHEA 5200 N OCEAN BLVD # 908 FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINGARD, JULIA A 5200 N. OCEAN BLVD. #514 FT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY ROSEMARY SZULC 5200 N. OCEAN BLVD., #1007 FORT LAUDERDALE, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHOULDIS, GEORGE 5200 N. OCEAN BLVD., #1408 FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TREASURER ANDREW SZOKE 5200 N. OCEAN BLVD., #1605 FORT LAUDERDALE, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, PAMELA 5200 N. OCEAN BLVD., SUITE 1214 FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR KATHLEEN O'ROURKE 5200 N. OCEAN BLVD., #1612 FORT LAUDERDALE, FL 33308

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 empowered.

SIGNATURE: Dorothea Ormond 3/28/07 954-782-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #