

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90024 027 \*\*\*\*61.25

**DOCUMENT # 749295**

1. Entity Name  
**NORTHEAST HEIGHTS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**250-290 NE 40TH ST  
OAKLAND PARK, FL 33334**

Mailing Address  
**8317 W ATLANTIC BLVD  
CORAL SPGS., FL 33071 US**

**20064307**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2024592**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ROYAL PROPERTY MANAGEMENT INC  
8317 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

TITLE **D** ☐ Delete  
NAME **LOVE, GREGORY**  
STREET ADDRESS **270 NE 40 ST #25**  
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE **D** ☐ Delete  
NAME **NICHOLS, ED**  
STREET ADDRESS **2840 NE 60 STREET**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **DP** ☐ Delete  
NAME **EMMERSON, DANIEL**  
STREET ADDRESS **250 NE 40 ST #37**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33334**

TITLE **D** ☐ Delete  
NAME **GAINES, DENYSE**  
STREET ADDRESS **290 NE 40 STREET #15**  
CITY-ST-ZIP **OAKLAND PK, FL 33334**

TITLE **VP** ☒ Delete  
NAME **BIGGANE, BRIAN**  
STREET ADDRESS **1165 SW 27TH AVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 32426**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **NICHOLS, ED**  
STREET ADDRESS **2840 NE 60 STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **COREY, William**  
STREET ADDRESS **548 NW 34 STREET**  
CITY-ST-ZIP **Oakland Park, FL 33309**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Daniel Emerson*

**7-10-05 454-757-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #