2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751720

FILED Jul 01, 2004 Secretary of State

Entity Name: PALM SPRINGS NORTH ATHLETIC ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 7901 NW 176 ST HIALEAH, FL 330153606 **Current Mailing Address: New Mailing Address:** 15476 NW 77TH CT. #163 MIAMI LAKES, FL 33016 FEI Number: 59-2090326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERNANDEZ, CARMEN J 8125 N.W. 187TH TERRACE HIALEAH, FL 33015 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GUERRA, EDWARD GUERRA, EDWARD Name: Name: Address: 8011 N.W. 181 STREET Address: 8011 N.W. 181 STREET City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: SD Title: () Delete () Change () Addition HERDANDEZ, CARMEN J Name: Name: Address: 8125 NW 187 TERRACE Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: () Delete Title: () Change () Addition MORALES, JUAN Name: Name: 7880 N.W. 176TH STREET Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: VΡ () Delete Title: PD (X) Change () Addition Name: SANCHEZ, MARCOS Name: ROBERTS, NOREEN Address: 15800 BULL RUN ROAD, #260 Address: 8868 NW 177TH TERRACE City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NOREEN ROBERTS PD 07/01/2004