

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90091 018 ****61.25

DOCUMENT # 753109

1. Entity Name

**NORTH MIAMI SUNKIST GROVE HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 680-057
N. MIAMI FL 33168

Mailing Address

P.O. BOX 680-057
N. MIAMI FL 33168

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

65-0021706

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

SCOTT, GALVIN
13506 NE 24TH CT
N. MIAMI FL 33161

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, 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 | P | <input type="checkbox"/> Delete |
| NAME | MUMFORD, JOYCE | |
| STREET ADDRESS | 730 NW 134 ST. | |
| CITY-ST-ZIP | MIAMI FL 33168 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SOREY, DUKE | |
| STREET ADDRESS | 1075 NW 128 ST | |
| CITY-ST-ZIP | MIAMI FL 33168 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KING, BARBARA | |
| STREET ADDRESS | 13450 NW 11TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33168 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WATT, MADELINE | |
| STREET ADDRESS | 1020 NW 120TH ST | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCLEARY, THOMAS | |
| STREET ADDRESS | 12715 N W 8TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33168 | |
| TITLE | MS | <input type="checkbox"/> Delete |
| NAME | MERKE, CLARENCE | |
| STREET ADDRESS | 905 NW 133 ST | |
| CITY-ST-ZIP | MIAMI FL 33168 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | McCleary, Thomas | |
| STREET ADDRESS | 12715 N W 8th Ave | |
| CITY-ST-ZIP | North Miami, Fl. 33168 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Geimer, Carol | |
| STREET ADDRESS | 1030 NN 128th St | |
| CITY-ST-ZIP | North Miami, Fla. 33168 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Watt, James | |
| STREET ADDRESS | 1020 N. W. 120th St | |
| CITY-ST-ZIP | North Miami, Fl. 33168 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Madeline Watt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #