

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90036 049 ****61.25

DOCUMENT # N01000002776					
1. Entity Name NORTH SHORE AT LAKE HART HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD SUITE 475 ORLANDO, FL 32819			Mailing Address 5401 S KIRKMAN RD SUITE 475 ORLANDO, FL 32819		
2. Principal Place of Business 5401 S. KIRKMAN RD Suite, Apt. #, etc. <u>SUITE 475</u> City & State <u>ORLANDO, FL</u> Zip <u>32819</u> Country <u>USA</u>		3. Mailing Address 5401 S. KIRKMAN RD Suite, Apt. #, etc. <u>SUITE 475</u> City & State <u>ORLANDO, FL</u> Zip <u>32819</u> Country <u>USA</u>			
4. FEI Number 59-3735721				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MGMT PROF INC 5401 S KIRKMAN RD SUITE 475 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name <u>COMMUNITY MGMT PROF, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5401 S. KIRKMAN ROAD</u> SUITE 475 City <u>ORLANDO</u> FL Zip Code <u>32819</u>		
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 <u>Russell Porter, Pres.</u> DATE <u>3-15-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, DOUGLAS R 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SECRIST, ROBERT L III 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKER, DOUGLAS P 5511 HANSEL AVENUE ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Russell Porter, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/15/04</u> Daytime Phone # <u>407-903-9969</u>		