

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 010 ****61.25

DOCUMENT # N01000002776					
1. Entity Name NORTH SHORE AT LAKE HART HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819			Mailing Address 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		
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 59-3735721	
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		
COMMUNITY MGMT PROF INC 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐ \$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 PD NAME RUSSELL, DOUGLAS R STREET ADDRESS 5511 HANSEL AVENUE CITY-ST-ZIP ORLANDO, FL 32809	☒ Delete		TITLE PD NAME ARNOLD, STEPHEN T. STREET ADDRESS 9963 INDIANO BAY CIRCLE CITY-ST-ZIP ORLANDO, FL 32832	☐ Change ☒ Addition	
TITLE VSTD NAME SECRIST, ROBERT L III STREET ADDRESS 5511 HANSEL AVENUE CITY-ST-ZIP ORLANDO, FL 32809	☒ Delete		TITLE VPD NAME ROMERO, PAUL STREET ADDRESS 9725 MYRTLE CREEK LN CITY-ST-ZIP ORLANDO, FL 32832	☐ Change ☒ Addition	
TITLE D NAME HOOKER, DOUGLAS P STREET ADDRESS 5511 HANSEL AVENUE CITY-ST-ZIP ORLANDO, FL 32809	☒ Delete		TITLE SD NAME HUMAN, SHANNON STREET ADDRESS 9837 SECRET COVE LANE CITY-ST-ZIP ORLANDO, FL 32832	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE TD NAME BAKER, JOHN STREET ADDRESS 9924 HIDDEN DUNES LANE CITY-ST-ZIP ORLANDO, FL 32832	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE D NAME LAWTON, JIM STREET ADDRESS 9957 MARSH POINTE DR. CITY-ST-ZIP ORLANDO, FL 32832	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Shannon M. Human</u> <u>1/13/05</u> <u>407-903-9969</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					