2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N01000002776 03-17-2008 90023 015 ****61.25 NORTH SHORE AT LAKE HART HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40047212 5401 S KIRKMAN RD 5401 S KIRKMAN RD SUITE 450 SUITE 450 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3735721 City & State City & State Applied For Not Applicable Zip--Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMMUNITY MGMT PROF INC. Street Address (P.O. Box Number is Not Acceptable) 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819 Zip Code FL 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 Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TIT) F ☐ Addition Trensure ARNOLD, STEPHEN T NAME NAME Rose Meister 9963 INDIGO BAY CIR STREET ADDRESS STREET ADDRESS 1761 OSPREY LANDING DR ORLANDO, FL 32832 CITY-ST-ZIP CITY-ST-ZIP Orland - 1 32+32 VICE Meadent Delete TITLE TITLE Change Addition ROMERO, PAUL NAME NAME Chuck Mullins 9725 MYRTLE CREEK LN STREET ADDRESS STREET ADDRESS 10267 Hout Breat Con ORLANDO, FL 32832 CITY-ST-ZIP CITY-ST-ZIP calado to 32432 TITLE Addition Delete Gene Smith ☐ Change 9754 Osprey Landing Dr. NAME HUMAN, SHANNON NAME 9837 SECRET COVE LN STREET ADDRESS STREET ADDRESS OFlando 76 ORLANDO, FL 32832 32832 CITY-ST-ZIP CITY-ST-ZIP Resilect TITLE ☐ Delete TITLE 🔏 Change Addition Ohn Baka BAKER, JOHN NAME NAME STREET ADDRESS 9924 HIDDEN DUNES LN STREET ADDRESS 9524 Hidde DWNGS ORLANDO, FL 32832 CITY-ST-ZIP CITY-ST-ZIP Oalado 12 31832 Delete Director ☐ Change TITLE TITLE ☐ Addition WILLIAMS, DAVID James White NAME NAME 10369 /tot BRown Cia. 10233 MALLARD LANDING STREET ADDRESS STREET ADDRESS CITY+ST-ZIP ORLANDO, FL 32832 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 17, 2008 8:00 am

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

1. Entity Nam NORTH S ASSOCIA Principal Plac 5401 S KIRK SUITE 450 ORLANDO, F	SHORE AT LA ATION, INC. ee of Business (MAN RD L 32819	g Address I S KIRKMAN RD E 450 NDO, FL 32819 ling Address ite, Apt. #, etc.			140047212 01082008 Chg-NP CR2E037 (12/06)							
City & State			0	City & State				4. FEI Numbe 59-3735			_ 	plied For t Applicable
Zip	Country		Zip		Coun	Country		5. Certificate of	of Status Desired		8.75 Add	
	6. Name and A	Registere	ered 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 Žip 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												
Filling Fee is \$61.25 9. Election Due by May 1, 2008 Trust Fu								\$5.00 May Be Added to Fees	Flor	ake check i Ida Departn	ent of St	ate .
10.	- DD	OFFICERS AND DI	RECTORS		11.				NGES TO OFFICE			
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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 SIGNATURE SIGNATURE												
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