
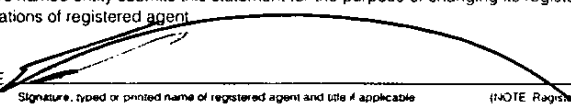
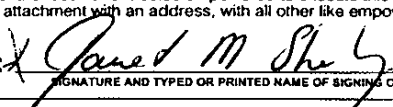


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90032 048 ****61.25

DOCUMENT # N01625					
1. Entity Name NORTHWOOD AT SUNRISE LAKES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business MCH MANAGEMENT P.O. BOX 268848 PEMBROKE PINES, FL 33028 US			Mailing Address MCH MANAGEMENT P.O. BOX 268848 PEMBROKE PINES, FL 33028 US		
2. Principal Place of Business - No P.O. Box # Frank Weinberg & Black Suite, Apt. #, etc. 7805 SW 6 Court		3. Mailing Address Frank Weinberg & Black Suite, Apt. #, etc. 7805 SW 6 Court		01242008 Chg-NP CR2E037 (12/06)	
City & State Plantation, Fl		City & State Plantation, Fl		4. FEI Number 59-2656173	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33324		Country USA		6. Name and Address of Current Registered Agent	
BROUGH CHAUROW LEVINE PA 1900 N COMMERCE PKWY FORT LAUDERDALE, FL 33326		7. Name and Address of New Registered Agent			
		Name Steven A. Weinberg, Esq.			
		Street Address (P.O. Box Number is Not Acceptable) 7805 SW 6 Court			
		City Plantation			
		FL		Zip Code 33324	
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				DATE 2/18/08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLS, LARRY		NAME	Cassella, Larry	
STREET ADDRESS	2730 N. NOB HILL ROAD		STREET ADDRESS	2730 N Nob Hill Rd	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNS, LYNNE		NAME	Shirley, Janet	
STREET ADDRESS	2726 N NOB HILL RD		STREET ADDRESS	2682 N. Nob Hill Rd.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOKKEN, JOHN		NAME	Dion, Ann Marie	
STREET ADDRESS	2686 N NOB HILL RD		STREET ADDRESS	2746 N. Nob Hill Rd.	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	Sunrise, FL 33322	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date		954-288-6017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	