

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02546

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** NORTH SHORE COURTYARD VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S. ORANGR AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

8009 S. ORANGE AVENUE  
ORLANDO, FL 32809

**Current Mailing Address:**

8009 S. ORANGR AVENUE  
ORLANDO, FL 32809 US

**New Mailing Address:**

8009 S. ORANGE AVENUE  
ORLANDO, FL 32809 US

**FEI Number:** 59-2523083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
8009 S. ORANGE AVENUE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIESKI, DAVID  
Address: 682 BRYDLE COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD ( ) Delete  
Name: RIEBEL, RUTH  
Address: 684 NORTSHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete  
Name: HOHMAN, CHARLES A.  
Address: 658 NORTSHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: MYERS, AUDREY  
Address: 718 NORTH SHORE CIR  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete  
Name: LEONARD, ROBERT E.  
Address: 631 NORTH SHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HOHMANN, CHARLES A.  
Address: 658 NORTSHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PIESKI

PD

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date