
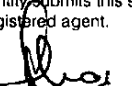
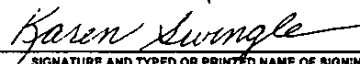


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90038 047 ****61.25

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|---|---|---|--|--|--|
| DOCUMENT # N02546 1. Entity Name NORTH SHORE COURTYARD VILLAS HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 | | | Mailing Address PO BOX 197043 WINTER SPRINGS, FL 32719 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 01262007 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-2523083 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CENTRAL ASSOCIATION MANAGEMENT 14125 SERENA LAKE DRIVE ORLANDO, FL 32877 | | | | 7. Name and Address of New Registered Agent Name EPM SERVICES Street Address (P.O. Box Number is Not Acceptable) 165 WEST STATE ROAD 434 City WINTER SPRINGS FL Zip Code 32708 | |
| 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> RAKESH SHARMA, AGENT 1/26/07 </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD PIESKI, DAVID 682 BRYDLE COURT CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SWINGLE, KAREN 844 WESTSHORE COURT CASSELBERRY, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RIEBEL, RUTH 684 NORTSHORE CIRCLE CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ST. MICHAEL, JUDY 137 NORTSHORE CIRCLE CASSELBERRY, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOHMANN, CHARLES A. 658 NORTSHORE CIRCLE CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MELDRUM, JUDITH 920 ASHLEY COURT CASSELBERRY, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, AUDREY 718 NORTH SHORE CIR CASSELBERRY, FL 32707 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MYERS, AUDREY 232 NORTSHORE SIRCLE CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEONARD, ROBERT E. 631 NORTH SHORE CIRCLE CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAULDINE, GENE 916 ASHLEY COURT CASSELBERRY, FL 32707 | <input type="checkbox"/> Change <input checked="" 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 |
| 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:  | | KAREN SWINGLE, PRESIDENT | | 1/26/07 407-327-5824 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |