

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02546

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 59-2523083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: SWINGLE, KAREN
Address: 844 WESTSHORE COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD () Delete
Name: JUDY, ST. MICHAEL
Address: 137 NORTSHORE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: MELDRUM, JUDITH
Address: 920 ASHLEY COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: RIEBEL, RUTH
Address: 158 NORTSHORE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: PAULDINE, GENE
Address: 916 ASHLEY COURT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWINGLE, KAREN
Address: 844 WESTSHORE COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change () Addition
Name: JUDY, ST. MICHAEL
Address: 137 NORTSHORE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: T (X) Change () Addition
Name: SECOR, DIANA
Address: 112 NORTSHORE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: RIEBEL, RUTH
Address: 158 NORTSHORE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: V (X) Change () Addition
Name: PAULDINE, GENE
Address: 916 ASHLEY COURT
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL BONO

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date