


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008675 1. Entity Name NARCOOSSEE SHOPPES PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044
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03072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1611785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HART, JAMES W JR 2180 W STATE RD 434 STE 6190 LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

U00000665264
03/23/07-80021-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUGGAL, KARAM 8525 REDLEAF LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUGGAL, ANITA 8525 REDLEAF LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ICARDI, JEFFREY A 2180 W ST RD 434 STE 6190 LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  3.8.07 407-363-4718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #