# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011853

FILED Jaņ 06, 2<u>00</u>9 Secretary of State

Entity Name: NORTH 232 PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2940 SPORTS CORE CIR. 2940 SPORTS CORE CIR ZEPHYRHILLS, FL 33544 WESLEY CHAPEL, FL 33545

**Current Mailing Address: New Mailing Address:** 

2940 SPORTS CORE CIR. 2940 SPORTS CORE CIR ZEPHYRHILLS, FL 33544 WESLEY CHAPEL, FL 33545

FEI Number: 20-2671602 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

() Delete (X) Change ( ) Addition WEBER, CRAIG B WEBER, CRAIG B Name: Name: 2940 SPORTS CORE CIR. Address: 2940 SPORTS CORE CIR. Address: City-St-Zip: ZEPHYRHILLS, FL 33544 City-St-Zip: WESLEY CHAPEL, FL 33545

Title: Title: (X) Change ( ) Addition ( ) Delete

NETTINA, PAUL Name: NETTINA, PAUL Name:

Address: 2940 SPORTS CORE CIR. Address: 2940 SPORTS CORE CIR. City-St-Zip: ZEPHYRHILLS, FL 33544 City-St-Zip: WESLEY CHAPEL, FL 33545

Title: DS () Delete Title: DS (X) Change ( ) Addition

ELMORE, ARLENE ELMORE, ARLENE Name: Name: 2940 SPORTS CORE CIR. 2940 SPORTS CORE CIR. Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33544 City-St-Zip: WESLEY CHAPEL, FL 33545

Title: () Delete Title: (X) Change ( ) Addition

Name: MCGINNIS, TERI Name: MCGINNIS, TERI 2940 SPORTS CORE CIR Address: 2940 SPORTS CORE CIR Address: City-St-Zip: ZEPHYRHILLS, FL 33544 City-St-Zip: WESLEY CHAPEL, FL 33545

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: ARLENE M. ELMORE DS 01/06/2009