

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 003 ****61.25

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1. Entity Name

**NINETEEN NORTH HOMES PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**3079 N. JEFFERSON STREET
MONTICELLO, FL 32344**

Mailing Address

**P. O. BOX 400
MONTICELLO, FL 32345 US**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-2902369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDRIS, STEVE
30779 N. JEFFERSON STREET
MONTICELLO, FL 32344**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVE, ANDRIS
STREET ADDRESS	P. O. BOX 400
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	T
NAME	SNELGROVE, MARY
STREET ADDRESS	P. O. BOX 400
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

Steve Andris

01/26/07 850-997-2561

PRINTED NAME, TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #