


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 014 ****61.25

DOCUMENT # N07620 1. Entity Name NORTH SHORES IMPROVEMENT ASSOCIATION					
Principal Place of Business 120 MEADOW AVENUE ST. AUGUSTINE, FL 32084 US			Mailing Address P.O BOX 3411 SAINT AUGUSTINE, FL 32085 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3593071	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, CHARLES KELLY 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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 SMITH, CHARLES KELLY 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, VICTORIA 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, SACHA CAROL A 133 COASTAL HOLLOW CIRCLE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANZEL, NEAL 4369 PALM ST ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, VIVIAN 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JUNE 406 FIRST ST SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 Beachcomber Way				
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: <i>Charles K Smith</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>4/9/07</i> (904) 891-0843					