

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007413

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** NORTHSHORE ISLANDS ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

215 W. COLLEGE AVE., SUITE 504  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

215 W. COLLEGE AVE.,  
504  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

215 W. COLLEGE AVE., SUITE 504  
TALLAHASSEE, FL 32301

**New Mailing Address:**

215 W. COLLEGE AVE.  
504  
TALLAHASSEE, FL 32301

FEI Number: 26-3282698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BINGHAM, FRASIER O  
215 W. COLLEGE AVE., SUITE 504  
TALLAHASSEE, FL 32301 US

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

BINGHAM, FRASIER O DR.  
215 W. COLLEGE AVE.  
504  
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: FRASIER O. BINGHAM, PH.D.

01/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDAS ( ) Delete  
Name: BINGHAM, FRASIER O  
Address: 215 W. COLLEGE AVE., SUITE 504  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VAT ( ) Delete  
Name: HANSMAN, ROBERT H  
Address: 1270 WILLOW PARK WAY  
City-St-Zip: CUMMING, GA 30041

Title: ST ( ) Delete  
Name: HANSMAN, BARBARA B  
Address: 1270 WILLOW PARK WAY  
City-St-Zip: CUMMING, GA 30041

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRASIER O. BINGHAM, PH.D.

PDAS

01/22/2009

Electronic Signature of Signing Officer or Director

Date