

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33909

FILED
Jul 26, 2007
Secretary of State

Entity Name: CENTRAL NORTH MIAMI HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

470 NE 142 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

470 NE 142 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0141518 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAVILACK, MYRNA
470 NE 142 STREET
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: JUDD, JEFF
Address: 12300 GRIFFING BLVD
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: TATUM, KEITH
Address: 470 NE 142 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: DVP () Delete
Name: BONITTO, ESMIE
Address: 192 NE 124 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD () Delete
Name: COUCH, INEZ
Address: 1050 NE 131 ST.
City-St-Zip: NORTH MIAMI, FL 33161

Title: VPD () Delete
Name: COUCH, INEZ
Address: 1050 NE 131 ST.
City-St-Zip: NORTH MIAMI, FL 33161

Title: PD () Delete
Name: MCDEARMAID, MICHAEL
Address: 840 NE 127TH ST
City-St-Zip: N MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JAMIESON, HEATHER
Address: 840 NE 127TH ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: DVP (X) Change () Addition
Name: TRINIDAD, BENNIE
Address: 1221 NE 131ST STREET
City-St-Zip: NORTH MIAMI, FL 33161

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: INEZ E COUCH

VPD

07/26/2007

Electronic Signature of Signing Officer or Director

Date