

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2005  
Secretary of State**

DOCUMENT# N35514

**Entity Name:** THE NOB HILL SHOPPES COMMERCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1846 NOB HILL ROAD  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 02-9010  
FT. LAUDERDALE, FL 333029010

**New Mailing Address:**

**FEI Number:** 65-0530336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MATTEL, HARVEY  
633 S. FEDERAL HIGHWAY, 5TH FLOOR  
FT. LAUDERDALE, FL 33301 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: PD ( ) Delete  
Name: SCHMIDT, MARK L  
Address: 11920 SW 22ND COURT  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: SCHMIDT, CELIA  
Address: 11920 SW 22ND COURT  
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete  
Name: MATTEL, HARVEY  
Address: 633 S. FEDERAL HIGHWAY, 8TH FLOOR  
City-St-Zip: FT. LAUDERDALE, FL 33302

**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 for the exemption stated in Section 119.07(3)(i), 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: MARK SCHMIDT

PD

01/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date