

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90162 012 \*\*\*\*61.25

**DOCUMENT # N38971**

1. Entity Name  
NORTH VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
800 GULF BOULEVARD  
BOCA GRANDE, FL 33921 US

Mailing Address  
PO BOX 1239  
BOCA GRANDE, FL 33921 US

40066815



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0166034

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 reinstating)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
DAVIS, BLAINE  
140 HALF CLOVE COURT  
BOCA GRANDE, FL 33921

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVT  
STIRLING, BRUCE  
152 BLACKWALL COURT  
BOCA GRANDE, FL 33921

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HAMILTON, RAYNER  
152 SHEEP SHANK CT  
BOCA GRANDE, FL 33921

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 2007 941-964-0170  
Date Daytime Phone #