

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40200

FILED
Apr 11, 2006
Secretary of State

Entity Name: THE NOB HILL PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%A.T.R. MGMT CORP
1509 S UNIVERSITY DR
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

A T R MGMT CORP
1509 S UNIVERSITY DR
PLANTATIN, FL 33325 US

New Mailing Address:

FEI Number: 65-0350437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOB HILL PALMS, H.O.A
%A.T.R. MANAGEMENT CORP
1509 S UNIVERSITY DR
PLANTATION, FL 33324 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: SP () Delete
Name: REICH, ALAN M
Address: 1468 SW 99TH TERRACE
City-St-Zip: DAVIE, FL 33324

Title: VPTD () Delete
Name: WALKER, TOM
Address: 9821 SW 15TH DRIVE
City-St-Zip: DAVIE, FL 33324

Title: PD () Delete
Name: TURNER, DALE
Address: 9711 SW 15THDRIVE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: REICH, ALAN M
Address: 1468 SW 99TH TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: PD (X) Change () Addition
Name: DELUCIA, RICHARD
Address: 1520 SW 96TH TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: STD (X) Change () Addition
Name: KASSEWITZ, KIM
Address: 9830 SW 15TH DRIVE
City-St-Zip: DAVIE, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD DELUCIA

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date