


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N40200 1. Entity Name THE NOB HILL PALMS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business %A.T.R. MGMT CORP 1509 S UNIVERSITY DR PLANTATION, FL 33324 US	Mailing Address A T R MGMT CORP 1509 S UNIVERSITY DR PLANTATIN, FL 33325 US
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03292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0350437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2008

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	VPD REICH, ALAN M 1468 SW 99TH TERRACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORABITO, FRED 9701 SW 14TH PLACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KASSEWITZ, KIM 9830 SW 15TH DRIVE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000388198
04/18/08-80046-012 61.25

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: *Fred Morabito* 4/5/08 954-370-1382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #