

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40200

**FILED**  
**Apr 14, 2011**  
**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:**

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

**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: VPD  
Name: REICH, ALAN M  
Address: 1468 SW 99TH TERRACE  
City-St-Zip: DAVIE, FL 33324 US

Title: PD  
Name: MORABITO, FRED  
Address: 9701 SW 14TH PLACE  
City-St-Zip: DAVIE, FL 33324 US

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

I hereby 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 all other like empowered.

SIGNATURE: FRED MORABITO

P

04/14/2011

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

\_\_\_\_\_  
Date