


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90002 043 ****61.25

DOCUMENT # N40780 1. Entity Name THE NORTH SPRINGS COURT ASSOCIATION, INC.					
Principal Place of Business % SUNRAE MANAGEMENT SERVICES INC 7071 WEST COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319			Mailing Address % SUNRAE MANAGEMENT SERVICES INC 7071 WEST COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0240086	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUNRAE MANAGEMENT SERVICES, INC % SUNRAE MANAGEMENT SERVICES INC 7071 WEST COMMERCIAL BLVD TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name <u>SUNRAE PROPERTY MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code		
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 <u>JEFF GOLDBERG</u> DATE <u>6-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, JAMES 9770 NW 47TH DRIVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE <u>TD</u> NAME <u>RAUSEY, ROZ</u> STREET ADDRESS <u>10025 NW 47 ST.</u> CITY-ST-ZIP <u>CORAL SPRINGS, FL 33076</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBIN, ARTHUR 9760 N.W. 47TH DR. CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELNICK, STEPHEN 9915 N.W. 47TH STREET CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>954 733-9010</u> <small>Daytime Phone #</small>	