

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N44068

FILED  
Apr 24, 2002 8:00 AM  
Secretary of State

**Entity Name:** NORTHSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1530  
NEW SMYRNA BEACH, FL 32170

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1530  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 65-0279761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, CATHERINE A.  
2642 SUNSET DRIVE  
NEW SMYRNA BEACH, FL 32168 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: P ( ) Delete  
Name: DECKER, NORM  
Address: 2612 AUBURN AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete  
Name: COLEMAN, JIM  
Address: 2410 HARDY AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete  
Name: KENNEDY, CATHERINE  
Address: 2642 SUNSET DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: WALLS, PETE  
Address: 2643 ARLINGTON AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S ( ) Delete  
Name: LORRAINE, STACEY D  
Address: 708 CONRAD DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: LOWE, ELAINE  
Address: 2628 SUNSET DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OLIVA, DEBRA  
Address: 209 MAURICE AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE A. KENNEDY

T

04/24/2002

Electronic Signature of Signing Officer or Director

Date