

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N44068

FILED
Apr 22, 2003
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: OLIVA, DEBRA
Address: 209 MAURICE 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: () 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:

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

04/22/2003

Electronic Signature of Signing Officer or Director

Date