

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90028 026 ****61.25

DOCUMENT # N51450 1. Entity Name NORTHWEST LAUDERHILL NEIGHBORS ASSOCIATION, INC.					
Principal Place of Business 8031 N.W. 45 STREET LAUDERHILL, FL 33351			Mailing Address 8031 N.W. 45 STREET LAUDERHILL, FL 33351		
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 65-0370682	
5. Certificate of Status Desired <input type="checkbox"/>				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 THOMSON, LORA 8031 N.W. 45 STREET LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <i>Pres: Lora Thomson 3/7/08</i> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PT THOMSON, LORA 8031 N.W. 45 STREET LAUDERHILL, FL 33351	<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	VP MARCUS, STEVE 8000 NW 51 ST LAUDERHILL, FL 33351	<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	TT NOVA, PAT 8140 N.W. 45 STREET LAUDERHILL, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE TT NAME STREET ADDRESS CITY-ST-ZIP	Clements, E DYE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7810 NW 45 ST. LAUDERHILL, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLEMENTS, E DYE 7810 NW 45 ST LAUDERHILL, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE ST NAME DRS STREET ADDRESS CITY-ST-ZIP	TAI, JENNIFER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8511 NW 54 COURT LAUDERHILL, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS MERRILL, GLORIA 8501 NW 45TH ST LAUDERHILL, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE DRS NAME D STREET ADDRESS CITY-ST-ZIP	GREENBLATT, STUART <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7860 NW 54 ST. LAUDERHILL, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEN, SUE LEE 8021 NW 44TH CT LAUDERHILL, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE D NAME D STREET ADDRESS CITY-ST-ZIP	GoldFARB, BRUCE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8541 NW 51 ST. LAUDERHILL, FL 33351	
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: <i>Lora Thomson 3/07/08 Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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