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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000839 (9)**
1. Corporation Name
THE NORTSHORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business 9300 LITTLE RIVER DRIVE MIAMI FL 33147	Mailing Address 9300 LITTLE RIVER DRIVE MIAMI FL 33147-3263
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3. Date Incorporated or Qualified 02/21/1995	3a. Date of Last Report 05/01/1996 1/15/97
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2. Principal Place of Business 21 1330 NW 90TH STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33147 Country 25 USA	2a. Mailing Address 26 1330 NW 90TH STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33147 Country 30 USA
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4. FEI Number 65-0561409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**YOUNG, MARJORIE
1190 LITTLE RIVER DRIVE
MIAMI FL 33147**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, JIM	
STREET ADDRESS	9300 LITTLE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, WALTER	
STREET ADDRESS	1190 N.W. 90 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LINGO, DORY	
STREET ADDRESS	9241 N.W. 14 AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, MARJORIE	
STREET ADDRESS	1190 LITTLE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FORBES, BEVERLY	
STREET ADDRESS	1161 LITTLE RIVER DR.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWARDS, YVONNE	
1.3 STREET ADDRESS	1330 NW 90TH STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33147	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAKER, LAVONDA	
2.3 STREET ADDRESS	9231 LITTLE RIVER DR.	
2.4 CITY-ST-ZIP	MIAMI, FL 33147	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILSON, KIM	
3.3 STREET ADDRESS	9220 NW 12TH AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33147	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBINSON, FELICIA MAYO	
4.3 STREET ADDRESS	9110 NW 30TH AVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33147	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LINGO, DORY	
5.3 STREET ADDRESS	9241 N.W. 14TH AVE	
5.4 CITY-ST-ZIP	MIAMI, FL 33147	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne Edwards YVONNE EDWARDS 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030606

CF2E037 (9/96)