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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000839**

1. Corporation Name
THE NORTHSHORE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1330 NW 90TH STREET MIAMI FL 33147 US	1330 NW 90TH ST MIAMI FL 33147 US

2. Principal Place of Business 21 UNCHANGED	2a. Mailing Address 26 UNCHANGED	3. Date Incorporated or Qualified 02/21/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0561409 ☑ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUNG, MARJORIE 1190 LITTLE RIVER DRIVE MIAMI FL 33147	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, YVONNE		1.2 NAME		
STREET ADDRESS	1300 NW 90TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, KEISHA		2.2 NAME		
STREET ADDRESS	9135 LITTLE RIVER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	MS. DORY LINGO	☑ Change ☐ Addition
NAME	WILSON, KIM		3.2 NAME	9241 NW 14TH AVE / SECRETARY	
STREET ADDRESS	9220 NW 12TH AVE		3.3 STREET ADDRESS	MIAMI FL 33150	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	MAYO-ROBINSON, FELICIA		4.2 NAME	U.J. RICHARDSON	
STREET ADDRESS	9110 NW 13TH AVE		4.3 STREET ADDRESS	1340 LITTLE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33147-3372		4.4 CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	☐ DELETE	5.1 TITLE	ASSISTANT SECRETARY	☐ Change ☐ Addition
NAME	LINGO, DORY		5.2 NAME	9220 NW 12TH AVE	
STREET ADDRESS	9241 NW 14TH AVE		5.3 STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/99 305 585-5258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #