

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000839

1. Entity Name

THE NORTSHORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

1330 NW 90TH STREET
MIAMI FL 33147
US

Mailing Address

1330 NW 90TH ST
MIAMI FL 33147
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0561409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, MARJORIE
1190 LITTLE RIVER DRIVE
MIAMI FL 33147

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME EDWARDS, YVONNE
STREET ADDRESS 1300 NW 90TH ST
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ROBINSON, KEISHA
STREET ADDRESS 9135 LITTLE RIVER DR
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME LINGO, DORY
STREET ADDRESS 9241 NW 14TH AVE
CITY-ST-ZIP MIAMI FL 33150

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME RICHARDSON, VJ
STREET ADDRESS 1340 LITTLE RIVER DR
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS
NAME LINGO, DORY
STREET ADDRESS 9220 NW 12TH AVE
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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:

[Signature] REQUIRED J. RICHARDSON 9-12-00 305-623-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90010 026 ***61.25