2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000839

Entity Name: THE NORTHSHORE COMMUNITY ASSOCIATION, INC.

FILED Sep 13, 2002 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1330 NW 9 MIAMI, FL	90TH STREET 33147 US		8951 NW 8 AVEE MIAMI, FL 33150	US	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
1330 NW 9 MIAMI, FL			8951 NW 8 AVE MIAMI, FL 33150	US	
FEI Number:	: 65-0561409	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
1190 LIŤTL MIAMI, FL The above			urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUF					
		ic Signature of Registered Ager		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () VANDENE, SAM 8951 NW 8TH A MIAMI, FL 3315	VENUE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VD () ROBINSON, KE 9135 LITTLE RI MIAMI, FL 3314	VER DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () LINGO, DORY 9241 NW 14TH MIAMI, FL 3315		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () RICHARDSON, 1340 LITTLE RI MIAMI, FL 3314	VER DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:		Delete	Title: Name:	() Change () Addition	
Name: Address: City-St-Zip:	LINGO, DORY 9220 NW 12TH MIAMI, FL 3314		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: VANDENE SAMUEL DO 09/13/2002