

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000839

FILED  
Sep 07, 2004  
Secretary of State

**Entity Name:** THE NORTHSHORE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

9135 LITTLE RIVER DRIVE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

9135 LITTLE RIVER DRIVE  
MIAMI, FL 33147 US

**New Mailing Address:**

**FEI Number:** 65-0561409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, MARJORIE  
1190 LITTLE RIVER DRIVE  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBINSON, KEISHA C  
Address: 9135 LITTLE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33147

Title: VD ( ) Delete  
Name: MAYO-ROBINSON, FELICIA  
Address: 9110 NW 13TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete  
Name: WILSON, KIMBERLY  
Address: 9220 NW 12TH AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete  
Name: LEVARTY, RUDOLPH K  
Address: 9110 LITTLE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SAMUEL, MACK  
Address: 8951 NW 8TH AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: COLLINS, WALTER  
Address: 1255 NW 90TH STREET  
City-St-Zip: MIAMI, FL 33147

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: MACK SAMUEL

PD

09/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date