

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90299 038 ****61.25

DOCUMENT # N95000000839

1. Entity Name
THE NORTSHORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**9135 LITTLE RIVER DRIVE
MIAMI, FL 33147 US**

Mailing Address
**9135 LITTLE RIVER DRIVE
MIAMI, FL 33147 US**

2. Principal Place of Business
9110 N. W. 13th Avenue
Suite, Apt. #, etc.

3. Mailing Address
9110 N. W. 13th Avenue
Suite, Apt. #, etc.



03082005 Chg-NP CR2E037 (10/03)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0561409

Applied For
☐ Not Applicable

Zip Country
33147-3372 US

Zip Country
33147-3372 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **SAMUEL, MACK**
STREET ADDRESS **8951 NW 8TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE VD ☒ Delete
NAME **MAYO-ROBINSON, FELICIA**
STREET ADDRESS **9110 NW 13TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE S ☒ Delete
NAME **WILSON, KIMBERLY**
STREET ADDRESS **9220 NW 12TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE T ☐ Delete
NAME **COLLINS, WALTER**
STREET ADDRESS **1255 NW 90TH STREET**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME **MAYO, FELICIA M. Y.**
STREET ADDRESS **9110 NW 13th Ave.; Miami, FL 33147-3372**
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME **WILSON, KIMBERLY**
STREET ADDRESS **9220 NW 12th Ave.; Miami, FL 33150**
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME **EDWARDS, YVONNE**
STREET ADDRESS **1330 NW 90th St.; Miami, FL 33147**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felicia M. Y. Mayo April 12, 2005 305-389-1660

Date

Daytime Phone #