

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000839

1. Entity Name
THE NORTSHORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
9110 NW 13TH AVE
MIAMI, FL 33147-3372 US

Mailing Address
9110 NW 13TH AVE
MIAMI, FL 33147-3372 US



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

YOUNG, MARJORIE
1190 LITTLE RIVER DRIVE
MIAMI, FL 33147

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYO, FELICIA M Y
STREET ADDRESS 9110 NW 13TH AVE
CITY-ST-ZIP MIAMI, FL 331473372

TITLE VD
NAME WILSON, KIMBERLY
STREET ADDRESS 9220 NW 12TH AVE
CITY-ST-ZIP MIAMI, FL 33150

TITLE S
NAME EDWARDS, YVONNE
STREET ADDRESS 1330 NW 90TH ST
CITY-ST-ZIP MIAMI, FL 33147

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000003444731
03/07/06-80014-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #