

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 045 ****61.25

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0561409

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	
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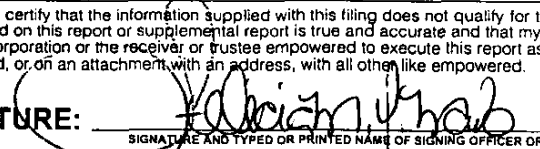
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.	
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYO, FELICIA M Y 9110 NW 13TH AVE MIAMI, FL 331473372 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, KIMBERLY 9220 NW 12TH AVE MIAMI, FL 33150 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Renee Parker 1040 Little River Drive; Miami, FL 33150 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, YVONNE 1330 NW 90TH ST MIAMI, FL 33147 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dorothea Myrick 1350 Little River Drive; Miami, FL 33147 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, WALTER 1255 NW 90TH STREET 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
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 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.	
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SIGNATURE: 	Felicia M. Y. Mayo	1/10/07	305-835-8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #