

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 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**



01082008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PARKER, RENEE
1040 LITTLE RIVER DR
MIAMI, FL 33150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MYRICK, DOROTHEA
1350 LITTLE RIVER DR
MIAMI, FL 33147**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the like empowered.

SIGNATURE:

Felicia M. Y. Mayo

01/10/08 305-835-8631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #