2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N95000000839

Entity Name: THE NORTHSHORE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9110 NW 13TH AVE
MIAMI, FL 331473372 US

New Principal Place of Business:

Current Mailing Address:

9110 NW 13TH AVE
MIAMI, FL 331473372 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: MAYO, FELICIA M Y
Address: 9110 NW 13TH AVE
City-St-Zip: MIAMI, FL 331473372

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

Title: VD ( ) Delete
Name: PARKER, RENEE
Address: 1040 LITTLE RIVER DR
City-St-Zip: MIAMI, FL 33150

Title: S ( ) Delete
Name: MYRICK, DOROTHEA
Address: 1350 LITTLE RIVER DR
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAYO CUTLER, FELICIA M Y
Address: 9110 NW 13TH AVE
City-St-Zip: MIAMI, FL 331473372

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FELICIA M. Y. MAYO CUTLER PD 01/14/2009

Electronic Signature of Signing Officer or Director — Date