

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001370 (4)

1. Corporation Name

THE NORTH COMMUNITY PARK ASSOCIATION, INC.

Principal Place of Business

~~4632 NW 100 TERRACE
CORAL SPRINGS FL 33076~~

Mailing Address

~~4632 NW 100 TERRACE
CORAL SPRINGS FL 33076~~



3. Date Incorporated or Qualified
03/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4854 NW 104 TERRACE**

26 **4854 NW 104 TERRACE**

4. FEI Number

65-0569094

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **CORAL SPRINGS FL** 27 **CORAL SPRINGS FL**

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

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

23 **33076** 25 **USA** 29 **33076** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LYMAN, WENDY
4632 NW 100 TERRACE
CORAL SPRINGS FL 33076~~

81 Name

ALAN SLOTNICK

82 Street Address (P.O. Box Number is Not Acceptable)

4854 NW 104 TERRACE

83

84

CORAL SPRINGS FL

85

33076

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 119.07(3)(k) applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **LYMAN, WENDY**
STREET ADDRESS **4632 NW 100 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **D** ☐ DELETE
NAME **SLOTNICK, ALAN**
STREET ADDRESS **4854 NW 104TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **D** ☐ DELETE
NAME **RICHARDS, SHIRLEY**
STREET ADDRESS **5388 NORTH SPRINGS WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Gary Moran ☒ Change ☐ Addition
10053 NW 47 Street
Coral Springs, FL 33076

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

Daytime Phone

CR2E037 (12/95)