

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000303

FILED
Feb 21, 2009
Secretary of State

Entity Name: NORTH HILLS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 333559009

New Mailing Address:

FEI Number: 65-0724483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, PA
GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE CENTER
WESTON, FL 33326 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: WETTLAUER, BILL
Address: 2449 POINCIANA DR
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: URENA, PANCHO
Address: 1859 HARBOR POINTE
City-St-Zip: WESTON, FL 33327

Title: SD () Delete
Name: WONGSAM, VERA
Address: 1774 HARBOR POINTE CR
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: SLOAN, RISA
Address: 1755 HARBOR VIEW CR
City-St-Zip: WESTON, FL 33327

Title: VPD () Delete
Name: SILVER, MICHAEL
Address: 1482 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: GEORGE, RAY
Address: 2447 GREENBRIAR COURT
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date