NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N97000002342**

NORTH 29 COMMUNITY ASSOCIATION, INC.

Principal Place of Business
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DRIVE SUITE 200

CORAL SPRINGS FL 33071

FILED Mar 11, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a.	2a. Mailing Address				3. Date incorporated or Qualifed		
1		26	<u> </u>				04/28/1997		
Suite, Apt.	#, etc.	L.,	Suite, Apt. #, etc.				4. FEI Number Applied For		
2		27					65-0830862 Not Applicable		
City & State	Э	\vdash	City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required		
3		28							
_ Zip	Country	\vdash	Zip Cour				6. Election Campaign Financing \$5.00 May Be		
4	25	29		30			Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent						11	10. Name and Address of New Registered Agent		
					81 Name				
GRANT, M	ARK F				82 Street Address (P.O. Box Number is Not Acceptable)				
200 E BR0	OWARD BLVD						· ·		
15 FLOOR	}				83				
FORT LAU	DERDALE FL 33301				84	City	85 Zip Code		
					1	•	<u>FL </u>		
office or n	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	da. Such change was au , Section 617.0503, Flori	thorize da Stat	a by 1 lutes.	tne corpo	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered agent a					t signature n	ure required when reinstating) DATE		
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP		₹ DELETE	1.1 T	ITLE	ļ	Change Addition		
NAME	DEPLAZA, MARCIE			1.2 N	AME				
STREET ADDRESS	1401 UNIVERSITY DR, STE 200			1.3 S	TREET	ADDRESS	iss .		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			1.4 C	пү- ст	-ZIP			
TITLE	DV		☐ DELETE	2.1 T	ITLE		☐ Change ☐ Addition		
NAME	COSTELLO, RICHARD A			2.2 N	AME				
STREET ADDRESS	1401 UNIVERSITY DR, STE 200			2.3 S	TREET	ADDRESS	ss .		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			2.40	CITY-S	T-21P			
TITLE	V		☐ DELETE	3.1 T	ME		☐ Change ☐ Addition		
NAME	Brennan, Neil			3.2 N	AME				
STREET ADDRESS	1401 UNIVERSITY DR, STE 200			3.3 S	TREET	ADDRESS	ess		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			3.4. 0	CITY-S	T-ZIP			
TITLE	DST		☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition		
NAME .	NORWALK, RICHARD M			4.21	3MA				
STREET ADDRESS	1401 UNIVERSITY DR, STE 200			4.3 S	TREET	ADDRESS	ess		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			4.4 C	ITY-ST	r-ZIP			
TITLE			☐ DELETE	5.1 T	ITLE		DP □ Change ▲ Addition		
NAME				5.2 N	IAME		SILAS, LESLIE		
STREET ADDRESS				5.3 S	TREET	ADDRESS	SSS 1401 UNIVERSITY DR, STE 200		
CITY-ST-ZIP					TY-ST	r-2HP	CORAL SPRINGS, FL 33071		
TITLE			☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition		
NAME				6.2 N	IAME				
STREET ADDRESS				6.3 S	TREET	ADDRESS	ESS		
				I					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

954-753-1730