




**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002262				
1. Entity Name NORTHSTAR ESTATES HOMEOWNER'S ASSOCIATION OF DAVIE, INC.				
Principal Place of Business 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316	Mailing Address 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
DO NOT WRITE IN THIS SPACE				
		02122007 No Chg-NP CR2E037 (4/06)		
		4. FEI Number 65-1001557	Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHOURY, SAM 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		U000000757621 05/23/07-80079-002 61.25		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KHOURY, SAM 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAMIEH, CHARLIE 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAMIEH, BILL 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KHOURY, DEBORAH 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
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 other like empowered.				
SIGNATURE: 		Sam Khoury President	4/26/07 Date	(954) 523-5270 Daytime Phone #