

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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**



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1001557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

U000000337458
05/27/08-80052-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
**S.T. Khoury
President**

04/28/08

(954) 523-5270

Date

Daytime Phone #