

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90105 031 ****61.25

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01042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000002583 1. Entity Name EXETER NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 7997 EXETER BLVD WEST TAMARAC, FL 33321		Mailing Address 7997 EXETER BLVD WEST TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4800 North State Road 7 Suite, Apt. #, etc. 105 City & State: Lauderdale Lakes, FL Zip: 33319 Country: USA	
4. FEI Number 65-0843778		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 WEISBURD, SIDNEY 7997 EXETER BLVD WEST TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: Katzman & Korr Street Address (P.O. Box Number is Not Acceptable): 1501 NW 49th Street Suite 202 City: Ft. Lauderdale FL Zip Code: 33309	
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: Leigh Katzman		DATE: 1/4/07	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WEISBURD, SIDNEY STREET ADDRESS: 7997 EXETER BLVD WEST CITY-ST-ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: MEYER, ELLIOTT STREET ADDRESS: 7833 Exeter Blvd. East CITY-ST-ZIP: TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: NAPOLI, NUNZIO STREET ADDRESS: 7949 EXETER CIRCLE EAST CITY-ST-ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE: VICE President NAME: VIGILANTE, ROSEMARIE STREET ADDRESS: 7863 Exeter Blvd. East CITY-ST-ZIP: TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: COHEN, BUDDY STREET ADDRESS: 7813 EXETER BLVD EAST CITY-ST-ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: HURSCHMAN, JEANNE STREET ADDRESS: 7995 Exeter Blvd West CITY-ST-ZIP: TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: MILLER, BARRY STREET ADDRESS: 7934 EXETER BLVD EAST CITY-ST-ZIP: TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE: 1/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954-724-9250	