


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90427 003 ****61.25

DOCUMENT # N99000005709					
1. Entity Name SHOMA HOMES AT NAUTICA SINGLE FAMILY TOWNHOMES NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 3691 SW 164 AVENUE MIRAMAR, FL 33027			Mailing Address C/O MIAMI MANAGEMENT, INC. 3691 SW 164 AVENUE MIRAMAR, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03292006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0072622				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR, BROUGH, & CHADROW, P.A. 150 SOUTH PINE ISLAND RD STE 540 FORT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name: <u>BAKALAR + EICHNER, PA.</u> Street Address (P.O. Box Number is Not Acceptable): <u>150 SOUTH PINE ISLAND RD.</u> Suite: <u>540</u> City: <u>PLANTATION</u> FL Zip Code: <u>33324</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARBIN, GLADYS 3691 SW 164TH AVE MIRAMAR, FL 33027 <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	D GONZALEZ, JULIE 3691 SW 164TH AVE MIRAMAR, FL 33027 <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	PD KIRKLAND, LESLIE 3691 SW 164TH AVE MIRAMAR, FL 33027 <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	S CASTRO-ELENAO, MAGGIE 3691 SW 164TH AVE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. PATRICIA LARA 3421 SW 170TH AVE MIRAMAR, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DMCLAUGHIN, KIM 3691 SW 164TH AVE MIRAMAR, FL 33027 <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: <u>Leslie Kirkland, President</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					