


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90007 025 \*\*\*150.00

**DOCUMENT # P04000083211**  
 1. Entity Name  
 NORTHSHORE VILLAGE, INC.



Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401 US	Mailing Address C/O WILLIAM D. LIPKIND, ESQ. 80 MAIN STREET WEST ORANGE, NJ 07052 US
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400008321



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1216970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CLIFFORD I. HERTZ, P.A.  
 ONE NORTH CLEMATIS STREET  
 SUITE 500  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	DPST LIPKIND, WILLIAM D ESQ. 80 MAIN STREET WEST ORANGE, NJ 07052
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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 607, 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:**  **1/29/07 (973)325-2100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WILLIAM D. LIPKIND, PRESIDENT** Date Daytime Phone #

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ATTACHMENT

40008652

DOCUMENT # P04000083211 1. Entity Name NORTHSHORE VILLAGE, INC.	
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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SIGNATURE:  DATE: 1/29/07 874-325-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM D. LIPKIND, PRESIDENT