

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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, Suite 350
WEST ORANGE, NJ 07052 US**



01022008 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 ☐ **\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000729475
01/11/08-80039-024 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DPST |
| NAME | LIPKIND, WILLIAM D ESQ. |
| STREET ADDRESS | 80 MAIN STREET, Suite 350 |
| CITY-ST-ZIP | WEST ORANGE, NJ 07052 |

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| STREET ADDRESS | |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/08

(973 325-2100

Date

Daytime Phone #