

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716299

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**2443291128CC**

**Entity Name:** PALM SPRINGS NORTH LAKE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8004 NW 154 ST  
#215  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8004 NW 154 ST  
#215  
MIAMI LAKES, FL 33016 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PALM SPRINGS NORTH LAKE HOMEOWNERS ASSOCIATION  
8004 NW 154 ST #215  
MIAMI LAKES, FL 33016 US

*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.*

**SIGNATURE: ROBERT SCAVUZZO**

**04/02/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCAVUZZO, ROBERT MTD  
Address        8004 NW 154 ST  
                  #215  
City-State-Zip: MIAMI LAKES FL 33016

Title            SD  
Name            SCHANK, JOANIE CSD  
Address        8004 NW 154 ST  
                  #215  
City-State-Zip: MIAMI LAKES FL 33016

Title            VPD  
Name            BROSSETT, LARRY  
Address        8004 NW 154 STREET #215  
City-State-Zip: MIAMI LAKES FL 33016

Title            SAAD  
Name            PEREZ, ORLANDO SAAD  
Address        8004 NW 154 ST  
                  #215  
City-State-Zip: MIAMI LAKES FL 33016

Title            TREASURER  
Name            SOTO DEL VALLE, ANA  
Address        8004 NW 154 ST  
                  #215  
City-State-Zip: MIAMI LAKES FL 33016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANA SOTO DEL VALLE**

**TREASURER**

**04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date