

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011853

**Entity Name:** NORTH 232 PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

409 EAST COLLEGE AVENUE  
RUSKIN, FL 33570

**Current Mailing Address:**

P.O. BOX 1058  
RUSKIN, FL 33575 US

**FEI Number:** 20-2671602

**Certificate of Status Desired:** No

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

STALEY, JEFF  
409 EAST COLLEGE AVENUE  
RUSKIN, FL 33570 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:** JEFF STALEY

04/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name DEMETRIADES, IPHIGENIA  
Address C/O GABLES RESIDENTIAL - G.  
DEMETRIADES  
3399 PEACHTREE ROAD SUITE 600  
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR, SECRETARY  
Name HILL, GRAHAM  
Address C/O WILLIAMS AUTOMOTIVE GROUP  
5300 EAGLESTON BLVD.  
City-State-Zip: WESLEY CHAPEL FL 33544

Title DIRECTOR, VP  
Name MCLAUGHLIN, TERRENCE  
Address C/O BAYCARE HEALTH SYSTEM, INC.  
3003 W. DR. MARTIN LUTHER KING,  
JR. BLVD. MEDICAL ARTS BLVD., 2ND  
FLOOR  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
Name DUTTON, CHRIS  
Address C/O DDG HOLDINGS  
185 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** IPHIGENIA DEMETRIADES

PRESIDENT

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date