

2015 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:

, NRAI SERVICES, INC.
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: _____

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	WILLIAMS, `DAVID
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

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date