## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011853

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

**FILED** Apr 21, 2014 **Secretary of State** CC9725104122

## **Current Principal Place of Business:**

2940 SPORTS CORE CIR. WESLEY CHAPEL. FL 33544

## **Current Mailing Address:**

C/O GABLES RESIDENTIAL - G. DEMETRIADES 3399 PEACHTREE ROAD SUITE 600 ATLANTA, GA 30326 US

Certificate of Status Desired: No FEI Number: 20-2671602

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Title DIRECTOR, VP

Name DEMETRIADES, IPHIGENIA Name MCLAUGHLIN, TERRENCE

Address C/O GABLES RESIDENTIAL - G. Address C/O BAYCARE HEALTH SYSTEM, INC.

**DEMETRIADES** 3003 W. DR. MARTIN LUTHER KING,

3399 PEACHTREE ROAD SUITE 600 JR. BLVD. MEDICAL ARTS BLVD., 2ND **FLOOR** 

ATLANTA GA 30326 City-State-Zip:

City-State-Zip: TAMPA FL 33607 Title DIRECTOR, SECRETARY

Title **TREASURER** WILLIAMS, 'DAVID Name

Name DUTTON, CHRIS C/O WILLIAMS AUTOMOTIVE GROUP Address

5300 EAGLESTON BLVD. Address C/O DDG HOLDINGS City-State-Zip:

185 JIM MORAN BLVD. WESLEY CHAPEL FL 33544

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.

04/21/2014 SIGNATURE: IPHIGENIA DEMETRIADES DIRECTOR/PRESIDENT