

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009129

Entity Name: NORTHSTAR ACADEMIES, INC.**Current Principal Place of Business:**ONE E. BROWARD BOULEVARD
SUITE 1599
FT. LAUDERDALE, FL 33301**Current Mailing Address:**ONE E. BROWARD BOULEVARD
SUITE 1599
FT. LAUDERDALE, FL 33301 US**FEI Number:** 27-4949005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIPP SCOTT, P.A.
ATTN: JEFFREY S. WOOD, ESQ.
110 SE 6TH STREET SUITE 1500
FT LAUDERDATE, FL 33301 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:** JEFFREY S. WOOD, ESQ.

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOARD MEMBER
Name	ADELMAN, BETH SHAW
Address	ONE EAST BROWARD BOULEVARD SUITE 1599
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY, TREASURER
Name	PAUL, IRA
Address	ONE EAST BROWARD BOULEVARD SUITE 1599
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	BOARD MEMBER
Name	SHELTON, DOUGLAS
Address	ONE EAST BROWARD BOULEVARD SUITE 1599
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	BOARD MEMBER
Name	HOLLAND, ROBERT
Address	ONE EAST BROWARD BOULEVARD SUITE 1599
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	BOARD MEMBER
Name	BURKETTE, MARTIN
Address	ONE EAST BROWARD BOULEVARD SUITE 1599
City-State-Zip:	FORT LAUDERDALE FL 33301

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: BETH SHAW ADELMAN

BOARD MEMBER

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date