

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000083211

**Entity Name:** NORTSHORE VILLAGE, INC.

**Current Principal Place of Business:**

915 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O WILLIAM D. LIPKIND, ESQ.  
80 MAIN STREET  
WEST ORANGE, NJ 07052 US

**FEI Number:** 20-1216970

**Certificate of Status Desired:** No

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

CLIFFORD I. HERTZ, P.A.  
ONE NORTH CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH, FL 33401 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 DPST  
Name LIPKIND, WILLIAM DESQ.  
Address 80 MAIN STREET  
City-State-Zip: WEST ORANGE NJ 07052

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LIPKIND , WILLIAM DESQ. \_\_\_\_\_

DPST

03/05/2019

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date