

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N04279 (8)
1. Corporation Name
NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 3331 TALLAHASSEE FL 32315 US		Mailing Address P.O. BOX 3331 TALLAHASSEE FL 32315-3331 US	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
3. Date Incorporated or Qualified 07/18/1984		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2738512		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent REAGLE, THOMAS L 7238 NEWFIELD DR. TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REAGLE, THOMAS L	1.2 NAME	000002218170--5
STREET ADDRESS	7238 NEWFIELD DR.	1.3 STREET ADDRESS	-06/20/97--01039--013
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHATHAM, DEBBIE	2.2 NAME	
STREET ADDRESS	7226 GARRETT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAMBLE, JACKY	3.2 NAME	
STREET ADDRESS	7283 OLGA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	SCHNEIDER, RICK	4.2 NAME	Theresa Ranft
STREET ADDRESS	7209 GARRETT RD.	4.3 STREET ADDRESS	7225 Garrett Rd.
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

YBL-20-97