

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

99 JUN 22 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N04279

1. Corporation Name

NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION,
INC.

Principal Place of Business

P.O. BOX 3331
TALLAHASSEE FL 32315
US

Mailing Address

P.O. BOX 3331
TALLAHASSEE FL 32315
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/18/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2738512
24 Country	29 Country	Applied For
	30	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REAGLE, THOMAS L
7236 NEWFIELD DR.
TALLAHASSEE FL 32303

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002918174--6
84 City
-06/29/99--01020--005
*****70. FL *****70.00

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

Signature, typed or printed name of registered agent and title if applicable.

(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	
STREET ADDRESS	7236 NEWFIELD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
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	RANFT, THERESA	4.2 NAME	
STREET ADDRESS	7225 GARRETT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99

487-9183

Date

Daytime Phone #

CR2E037 (1/98)