2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90106 036 ****61.25

DOCUMENT # N04279

1. Entity Name

NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION,

Principal Place of Business	Mailing Address
P.O. BOX 3331 TALLAHASSEE FL 32315 US	P.O. BOX 3331 TALLAHASSEE FL 32315-3331 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2738512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REAGLE, THOMAS L 7236 NEWFIELD DR. TALLAHASSEE FL 32303	Name: WILEY A LEWIS Street Address (P.O. Box Number is Not Acceptable): 7234 GARRETT RD City: TALLAHASSEE **FL** Zip Code: 32303

8. 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: W L Adams — PRESIDENT — JANUARY 18, 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REAGLE, THOMAS L 7236 NEWFIELD DR. TALLAHASSEE FL 32303	XX Delete	P/D WILEY A LEWIS 7234 GARRETT RD TALLAHASSEE FL 32303	☐ Change	X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATHAM, DEBBIE 7226 GARRETT RD. TALLAHASSEE FL 32303	☐ Delete	V/D GREGG CONRAD 7209 GARRETT RD TALLAHASSEE FL 32303	☐ Change	X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMBLE, JACKY 7283 OLGA COURT TALLAHASSEE FL 32303	XX Delete	T/D FRANKIE MCLAUGHLIN 7233 GARRETT RD TALLAHASSEE FL 32303	☐ Change	X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANFT, THERESA 7225 GARRETT RD. TALLAHASSEE FL 32303	XX Delete	S/D MARIA SKINNER 7270 KIDD DR TALLAHASSEE FL 32303	☐ Change	XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D R E HARRINGTON 7241 GARRETT RD TALLAHASSEE FL 32303	☐ Change	XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D BRIAN RANFT 7225 GARRETT RD TALLAHASSEE FL 32303	☐ Change	X Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKIE MCLAUGHLIN, TREASURER — JANUARY 18, 2000 — 562-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #