

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 21, 2002 8:00 am
Secretary of State

03-05-2002 90095 028 ****61.25

DOCUMENT # N04279

1. Entity Name

NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 180024
 TALLAHASSEE FL 32318
 US

P.O. BOX 180024
 TALLAHASSEE FL 32318
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

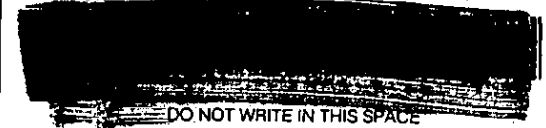
City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

LEWIS, WILEY A
7234 GARRETT RD
TALLAHASSEE FL 32303

Name

Street Address

President
Greg Conrad
7209 Garrett Rd
Tallahassee FL 32303

City

FL

Zip Code

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

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	P	☒ Delete
NAME	LEWIS, WILEY A	
STREET ADDRESS	7234 GARRETT RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☒ Delete
NAME	CHATHAM, DEBBIE	
STREET ADDRESS	7226 GARRETT RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	☒ Delete
NAME	MCLAUGHLIN, FRANKIE	
STREET ADDRESS	7233 GARRETT RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	☒ Delete
NAME	SKINNER, MARIA	
STREET ADDRESS	7270 KIDD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☒ Delete
NAME	HARRINGTON, RE	
STREET ADDRESS	7241 GARRETT RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☒ Delete
NAME	RANFT, BRIAN	
STREET ADDRESS	7225 GARRETT RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	President	☒ Change ☐ Addition
NAME	Greg Conrad	
STREET ADDRESS	7209 Garrett Rd	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	Vice-President	☒ Change ☐ Addition
NAME	Gary Gentry	
STREET ADDRESS	5008 Susanmah Dr	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	VICKI HOOKA	
STREET ADDRESS	7244 Marty Ct	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Murvin Pelto	
STREET ADDRESS	7223 Old Baldridge Road	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	Board Member	☒ Change ☐ Addition
NAME	Ronnie Harrington	
STREET ADDRESS	7241 Garrett Rd	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	Board Member	☒ Change ☐ Addition
NAME	Julia King	
STREET ADDRESS	5002 Susanmah Dr	
CITY-ST-ZIP	Tallahassee FL 32303	

CR2037 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #