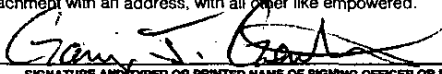


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 004 ****61.25

DOCUMENT # N04279 1. Entity Name NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business P.O. BOX 180024 TALLAHASSEE, FL 32318 US			Mailing Address P.O. BOX 180024 TALLAHASSEE, FL 32318 US																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		4. FEI Number 59-2738512																																																																																																																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent GENTRY, GARY 5008 SUSANNAH DR TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GENTRY, GARY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5008 SUSANNAH DR TALLAHASSEE, FL 32303</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HOOKE, VICKIE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7244 MARTY CT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>PELTO, MURVIN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7223 OLD BAINBRIDGE RD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>BMD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HARRINGTON, RONNIE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7241 GARRETT RD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>BMD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>KING, JULIE</td> <td></td> <td>NAME</td> <td>BMD KING, JULIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5022 SUSSANNALT</td> <td></td> <td>STREET ADDRESS</td> <td>5022 SUSANNAH DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32303</td> <td></td> <td>CITY-ST-ZIP</td> <td>Tallahassee, FL 32303</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	GENTRY, GARY		STREET ADDRESS			CITY-ST-ZIP	5008 SUSANNAH DR TALLAHASSEE, FL 32303		CITY-ST-ZIP			TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HOOKE, VICKIE		NAME			STREET ADDRESS	7244 MARTY CT		STREET ADDRESS			CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP			TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	PELTO, MURVIN		NAME			STREET ADDRESS	7223 OLD BAINBRIDGE RD		STREET ADDRESS			CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP			TITLE	BMD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HARRINGTON, RONNIE		NAME			STREET ADDRESS	7241 GARRETT RD		STREET ADDRESS			CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP			TITLE	BMD	☐ Delete	TITLE		☒ Change ☐ Addition	NAME	KING, JULIE		NAME	BMD KING, JULIA		STREET ADDRESS	5022 SUSSANNALT		STREET ADDRESS	5022 SUSANNAH DR		CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: 			3/9/04 574-4859																																																																																																																																																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																																																																																																		