

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04279

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 180024  
TALLAHASSEE, FL 32318 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 180024  
TALLAHASSEE, FL 32318 US

**New Mailing Address:**

**FEI Number:** 59-2738512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WOLD, RENA  
7284 OLGA COURT  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SKINNER, RICHARD  
Address: 7270 KIDD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: COOK, PATRICIA  
Address: 7210 GARRETT ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: WOLD, RENA  
Address: 7284 OLGA COURT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete  
Name: REAGLE, THOMAS  
Address: 7236 NEWFIELD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HOOKS, VICKIE  
Address: 7244 MARTY COURT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MYHRE, KEITH  
Address: 7275 NOLA COURT  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENA WOLD

TD

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date