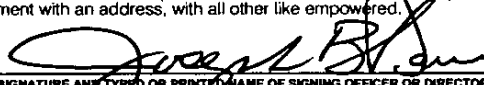


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04279 1. Entity Name NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.						FILED 06 OCT -3 11 9:21 SEC. OF STATE TALLAHASSEE, FL	
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			
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 WOLD, RENA 7284 OLGA COURT TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name MICHAEL CLARK Street Address (P.O. Box Number is Not Acceptable) 7239 OLD BAINBRIDGE RD TALLAHASSEE, City 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. MICHAEL CLARK, TREASURER				(NOTE: Registered Agent signature required when reinstating) DATE 10/02/06			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME SKINNER, RICHARD	☒ Delete		TITLE PD	NAME JOSEPH DAVIS	☒ Change ☒ Addition	
STREET ADDRESS 7270 KIDD DRIVE	TALLAHASSEE, FL 32303			STREET ADDRESS 7234 MARTY CT	TALLAHASSEE, FL 32303		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE S	NAME HOOKE, VICKIE	☐ Delete		TITLE 200080415582	☐ Change ☐ Addition		
STREET ADDRESS 7244 MARTY COURT	TALLAHASSEE, FL 32303			10/03/06--01060--003 **\$61.25			
CITY-ST-ZIP							
TITLE TD	NAME WOLD, RENA	☒ Delete		TITLE TD	NAME MICHAEL CLARK	☐ Change ☒ Addition	
STREET ADDRESS 7284 OLGA COURT	TALLAHASSEE, FL 32303			STREET ADDRESS 7239 OLD BAINBRIDGE RD	TALLAHASSEE, FL 32303		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE VP	NAME MYHRE, KEITH	☒ Delete		TITLE VP	NAME THOMAS REAGLE	☒ Change ☒ Addition	
STREET ADDRESS 7275 NOLA COURT	TALLAHASSEE, FL 32303			STREET ADDRESS 7236 NEWFIELD DR	TALLAHASSEE, FL 32303		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE 	NAME 	☐ Delete		TITLE 	NAME 	☐ Change ☐ Addition	
STREET ADDRESS 				STREET ADDRESS 			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE 	NAME 	☐ Delete		TITLE 	NAME 	☐ Change ☐ Addition	
STREET ADDRESS 				STREET ADDRESS 			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				President 10-02-06 (850) 562-5582			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			