

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04279

FILED
Apr 19, 2011
Secretary of State

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

Current Principal Place of Business:

7236 NEWFIELD DR
TALLAHASSEE, FL 32303 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 ()**

Name and Address of Current Registered Agent:

CLARK, MICHAEL
7239 OLD BAINBRIDGE RD.
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
Name: REAGLE, THOMAS L
Address: 7236 NEWFIELD DR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP
Name: FRANKLIN, ALAN B
Address: 7091 CALICO CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: TD
Name: CLARK, MICHAEL
Address: 7239 OLD BAINBRIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: BM
Name: HOLLENBECK, JOHN
Address: 7220 NEWFIELD DR.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: BM
Name: CONRAD, STEPHANIE B
Address: 7209 GARRETT CT
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS L. REAGLE

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date