## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Mar 10, 2003 8:00 am Secretary of State **DOCUMENT # N04279** 1. Entity Name 03-10-2003 90738 025 \*\*\*\*61.25 NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 180024 P.O. BOX 180024 TALLAHASSEE FL 32318 TALLAHASSEE FL 32318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2738512 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, WILEY A ٠----\* colucin **Gary Gentry** 7234 GARRETT RD 5008 Susannah Or TALLAHASSEE FL 32303 Taliahassee FL 32303 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 -7. ... SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE President ☐ Addition CORRED, GREG NAME NAME Gary Gentry STREET ADDRESS 7209 GARRATT RD 5008 Susannah Dr STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 Tellahassee FL 32303 CITY-ST-ZIP ۷D TITLE Delete TITLE ☐ Change ☐ Addition GENTRY, GRY NAME NAME STREET ADDRESS 5008 SUSSANNALT DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary Change Change Addition NAME MOOKS, VICKIE NAME Vickie Hooks STREET ADDRESS 7244 MARTY CT 7244 Marty Ct STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 Tallahassee FL 32303 CITY-ST-ZIP 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 BMD TITLE ☐ Delete TITLE ☐ Change Addition NAME HARRINGTON, RONNIE NAME STREET ADDRESS 7241 GARRETT RD STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32303 CITY-ST-ZIP BMD TITLE ☐ Delete TITLE Change ☐ Addition NAME KING. JULIE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

**5022 SUSSANNALT** 

TALLAHASSEE FL 32303

3/9/12

**FILED**