

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90177 019 \*\*\*\*61.25

0059201

**DOCUMENT # N35321**

1. Entity Name

**LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.**

Principal Place of Business PO BOX 351493 PALM COAST FL 32135-8493 US	Mailing Address PO BOX 351493 PALM COAST FL 32135-8493 US
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864582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2646030</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANNON, FRED JR.**  
**PALM COAST PROPERTY MANAGEMENT**  
**7 FLORIDA PARK DR- STE C**  
**PALM COAST FL 32137**

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.

SIGNATURE **04-22-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	SD MAHNKE, ELLEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11 LAKE FOREST CT N PALM COAST FL 32137	
TITLE NAME	D MCLAUGHLIN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	69 LAKE FOREST PL PALM COAST FL 32137	
TITLE NAME	DVP TABET, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7 LAKE FOREST CT N PALM COAST FL 32137	
TITLE NAME	D MCLAUGHLIN, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	69 LAKE FOREST PL PALM COAST FL 32137	
TITLE NAME	TD BOSCO, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	56 LAKE FOREST PL PALM COAST FL 32137	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**  
 Date

Daytime Phone #

CR2E037 (9/01)