

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N48909 1. Entity Name NORTH FORK ESTATES PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 1500 MALLARD CT FT PIERCE FL 34982 US	Mailing Address 1500 MALLARD COURT FT PIERCE FL 34982 US
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1st MOORE CR2E037 (10/04)

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 65-0348466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PHILLIPS, KENDALL J. 239 S INDIAN RIVER DRIVE FORT PIERCE FL 34950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
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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: *Geraldine Vaughn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Geraldine Vaughn
1500 Mallard Ct
Fort Pierce FL 34982-3338

1-31-05 722-461-6324
Date Daytime Phone #