

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90162 049 ****61.25

DOCUMENT # N48909
1. Entity Name
NORTH FORK ESTATES PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business: **1500 MALLARD CT, FT PIERCE FL 34982, US**
Mailing Address: **1500 MALLARD COURT, FT PIERCE FL 34982, US**

40013300



CHECK HERE IF MAKING CHANGES

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

4. FEI Number **65-0348466**
Applied For: Not Applicable

5. Certificate of Status Desired **\$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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, GERALDINE L.	
STREET ADDRESS	1500 MALLARD COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, DAN L	
STREET ADDRESS	1720 MALLARD CT.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, JAMES R	
STREET ADDRESS	1520 MALLARD CT	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNULTZ, JEFF	
STREET ADDRESS	1741 MALLARD CT.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDMONDSON, MARINA	
STREET ADDRESS	1525 MALLARD CT.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *GERALDINE VAUGHN*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

1-3-03 772 461-6324

CR2E037 (10/02)