

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004544 (2)

1. Corporation Name

NORTHLAKE HOMEOWNERS ASSOCIATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:38

Principal Place of Business

**12669 SAMPSON ROAD
JACKSONVILLE FL 32218**

Mailing Address

**12669 SAMPSON ROAD
JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUFFIN, SUSAN
12669 SAMPSON ROAD
JACKSONVILLE FL 32218**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
RUFFIN, SUSAN
12669 SAMPSON ROAD
JACKSONVILLE FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
LUSTER, REGINALD
12572 LOCHLOOSA LANE
JACKSONVILLE FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
BOWER, MARY
2445 DUNN AVE., #212
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
WILLIAMS, EDMUND
C/O 12669 SAMPSON ROAD
JACKSONVILLE FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PAR
PROPPER, LEONARD
C/O 12669 SAMPSON ROAD
JACKSONVILLE FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Susan Ruffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Ruffin, President

April 11, 1995

Date

Signature Printed