

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90061 015 \*\*\*\*61.25

**DOCUMENT # N94000004544**

1. Entity Name

**NORTHLAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

12688 SMPSON RD  
JACKSONVILLE FL 32218  
US

Mailing Address

12688 SMPSON RD  
JACKSONVILLE FL 32218  
US

2. Principal Place of Business

12669 Sampson Rd  
Suite, Apt. #, etc.

3. Mailing Address

12669 Sampson Rd  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32218

Country

USA

Zip

32218

Country

USA

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EALEY, SHIRLEY T**  
**12688 SAMPSON RD**  
**JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Tommy L. Ruffin**

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

**12669 Sampson Rd**

City **Jacksonville**

**FL**

Zip Code

**32218**

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 **Tommy L. Ruffin (Pres)**

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 **PD** ☐ Delete  
NAME **EALEY, SHIRLEY T**  
STREET ADDRESS **12688 SAMPSON RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VD** ☐ Delete  
NAME **DARBY, BARBARA**  
STREET ADDRESS **2725 PERCY ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **SD** ☐ Delete  
NAME **ROBERTS, WILLIAM H**  
STREET ADDRESS **12567 PETRCY LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **T** ☐ Delete  
NAME **RUFFIN, TOM**  
STREET ADDRESS **12669 SAMPSON RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **PAR** ☐ Delete  
NAME **RUFFIN, SUSAN**  
STREET ADDRESS **12669 SAMPSON RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Tommy L. Ruffin**  
STREET ADDRESS **12669 Sampson Rd**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **VPres** ☒ Change ☐ Addition  
NAME **Linda Robinson**  
STREET ADDRESS **12602 WIMKA LANE**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **Sect** ☒ Change ☐ Addition  
NAME **Shirley T. Ealey**  
STREET ADDRESS **12688 Sampson Rd**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **Treas** ☒ Change ☐ Addition  
NAME **Howard Roberts**  
STREET ADDRESS **12567 Percy Lane**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **PAR** ☒ Change ☐ Addition  
NAME **Wille Alexander**  
STREET ADDRESS **12698 Sampson Rd**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE ☐ Change ☐ 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, when all other like empowered.

SIGNATURE: **Tommy L. Ruffin (Pres)**

**3/28/02**

**(904) 768-2295**

CR2E037 (9/01)