

ANNUAL REPORT (AR)

DOCUMENT # N94000004544

1. Entity Name

NORTHLAKE HOMEOWNERS ASSOCIATION, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/06)

Principal Place of Business

12698 SAMPSON RD
JACKSONVILLE FL 32218
US

Mailing Address

12698 SAMPSON RD
JACKSONVILLE FL 32218
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, WILLIE JR
12698 SAMPSON ROAD
JACKSONVILLE FL 32218

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	PD	<input type="checkbox"/> Delete
NAME	ALEXANDER, WILLIE JR	
STREET ADDRESS	12698 SAMPSON RD	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORROW, ALEX	
STREET ADDRESS	2743 SEAWICK	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWER, MARY W	
STREET ADDRESS	2910 SELAWICK LANE	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUFFIN, SUSAN	
STREET ADDRESS	12669 SAMPSON RD	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
TITLE	PAR	<input type="checkbox"/> Delete
NAME	MITCHELL, DERRICK J	
STREET ADDRESS	12641 SAMPSON RD	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
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	U000000606705	
CITY- ST- ZIP	01/31/07-800008-002 61.25	
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 exemptions contained in Section 119, 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: Willie Alexander, Jr. 1/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #