

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-14-2001 90207 005 ****61.25

DOCUMENT # N98000003019

1. Entity Name

NORTHWEST LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5580 SR 524
 COCOA FL 32926

Mailing Address

140 LOST LAKES DRIVE
 COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

15450 NW 27 Ave.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami, FL

4. FEI Number

59-3545336

Applied For

Not Applicable

Zip

Country

Zip
 33054

Country

USA

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

SOILEAU, JOHN L
 WATSON, SOILEAU, DELEO & BURGETT, P.A.
 1970 MICHIGAN AVENUE - BUILDING C
 COCOA FL 32922

Name John L. Maire - VSTD

Street Address (P.O. Box Number is Not Acceptable)
 15450 NW 27 Avenue

City MIAMI, FL Zip Code 33054

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

John L. Maire JOHN L. MAIRE 6/30/01
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME DUKE, GERALD JR. Delete
 STREET ADDRESS C/O 140 LOST LAKES DRIVE
 CITY-ST-ZIP COCOA FL 32926

TITLE D
 NAME Daniel A. Duke, Jr. Change Addition
 STREET ADDRESS 15450 NW 27 Avenue
 CITY-ST-ZIP miami, FL 33054

TITLE VD
 NAME MAIRE, JOHN Delete
 STREET ADDRESS C/O 140 LOST LAKES DRIVE
 CITY-ST-ZIP COCOA FL 32926

TITLE D
 NAME *Kevin Scott* Change Addition
 STREET ADDRESS *118 P Wood Smith Blvd*
 CITY-ST-ZIP *Cocoa, FL 32926*

TITLE STD
 NAME NEWTON, DAVID Delete
 STREET ADDRESS C/O 140 LOST LAKES DRIVE
 CITY-ST-ZIP COCOA FL 32926

TITLE D
 NAME *STON John Maire* Change Addition
 STREET ADDRESS *15450 NW 27 Ave*
 CITY-ST-ZIP *MIAMI, FL 33054*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *John L. Maire* SIGNATURE: *John L. Maire* 4/24/01 305-687-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)