

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17050

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC9309853805**

**Entity Name:** VILLAS OF BEAR LAKES ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3000 SARATOGA ROAD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

PO BOX 220656  
WEST PALM BEACH, FL 33422-0656

**FEI Number: 59-2722307**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CATES, JOHN DPD  
2615 MOHAWK CIRCLE  
WEST PALM BEACH, FL 33409 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name SALANDRO, BARRY  
Address 2623 MOHAWK CIR  
City-State-Zip: WEST PALM BEACH FL 33409

Title SD  
Name LODES, STEVEN C  
Address 2620 MOHAWK CIR  
City-State-Zip: WEST PALM BEACH FL 33409

Title TD  
Name SCHEELE, BRIAN C  
Address 2618 MOHAWK CIR  
City-State-Zip: WEST PALM BEACH FL 33409

Title PD  
Name CATES, JOHN D  
Address 2615 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name MERRELL, JULIA  
Address 2626 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
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Address 2626 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

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Address 2626 MOHAWK CIRCLE  
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Title DIRECTOR  
Name MERRELL, JULIA  
Address 2626 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN D. CATES**

**PRESIDENT**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MERRELL, JULIA  
Address 2626 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name MERRELL, JULIA  
Address 2626 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

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