2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17050

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

FILED Mar 18, 2019

Secretary of State

4357850342CC

Officer/Director Detail:

Title VPD Title SD

Name SALANDRO, BARRY Name SCHEELE, BRIAN C
Address 2623 MOHAWK CIR Address 2618 MOHAWK CIR

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title PD Title DIRECTOR

Name CATES, JOHN D Name MERRELL, JULIA

Address 2615 MOHAWK CIRCLE Address 2626 MOHAWK CIRCLE

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR Title TD

Name MERRELL, JULIA Name TWIFORD, BOBBY

Address 2626 MOHAWK CIRCLE Address 2629 MOHAWK CIRCLE

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR

Name JENNINGS, BRET

Address 2616 MOHAWK CIRCLE

City-State-Zip: WEST PALM BEACH FL 33409

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 03/18/2019

Date