

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004544

Entity Name: NORTHLAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12719 SAMPSON RD
JACKSONVILLE, FL 32218**Current Mailing Address:**12719 SAMPSON RD
JACKSONVILLE, FL 32218 US**FEI Number:** 59-3269302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, GARY E
12719 SAMPSON ROAD
JACKSONVILLE, FL 32218 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 | PRESIDENT |
| Name | THOMAS, GARY E |
| Address | 12719 SAMPSON ROAD |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|-----------------------|
| Title | VP |
| Name | RODGERS, VALERIE J |
| Address | 12625 SAMPSON ROAD |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|-----------------------|
| Title | TREASURER |
| Name | DARBY, JOHN |
| Address | 2725 PERCY ROAD |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | NUNN, MATTIE |
| Address | 12727 SAMPSON ROAD |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | PORTER, JOSEPHINE FIVEASH |
| Address | 12514 LOCHLOOSA LANE |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | BOLDEN, SYLVESTER |
| Address | 2892 SELAWICK LANE |
| City-State-Zip: | JACKSONVILLE FL 32218 |

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: GARY THOMAS**PRESIDENT****04/08/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date