

**2019 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	SECRETARY
Name	HUBBARD, JUNARION
Address	12732 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

*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 E THOMAS

PRESIDENT

04/18/2019

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