

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 034 ****61.25

DOCUMENT # 732803 1. Entity Name NORTH LAKE ASSOCIATION, INC.	
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Principal Place of Business 1603 BUNKER HILL DRIVE SUN CITY CENTER FL 33573 US	Mailing Address 1603 BUNKER HILL DRIVE SUN CITY CENTER FL 33573 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SCHEMENAUER, PAUL W 1603 BUNKER HILL DR SUN CITY CENTER FL 33573	
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4. FEI Number 59-2145794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete BANTHER, JACK 1402 BRATTLEBORO CIR SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	S <input type="checkbox"/> Delete MARSHALL, CAROL 1415 SETON HALL DR SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	T <input type="checkbox"/> Delete BAYTOS, NAN 1416 NASHUA CIR SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	2VP <input type="checkbox"/> Delete NODLAND, JOYCE 1413 SETON HALL SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input type="checkbox"/> Delete GAITHER, SANDY 1415 NASHUA CIR SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	1VP <input type="checkbox"/> Delete ANDERSON, BRUCE 1609 MONMOUTH SUN CITY CENTER FL 33573

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nodland, Joyce 1413 Seton Hall Sun City Ctr, FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bruce Anderson 1609 Monmouth Sun City Ctr, FL 33573
TITLE NAME STREET ADDRESS CITY ST ZIP	2nd VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roger Detrick 1503 Bunker Hill Dr Sun City Ctr, FL 33573

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bruce Anderson, Pres. **BRUCE ANDERSEN, Pres.** 3/10/07 813 634 859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #