

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 012 ****61.25

DOCUMENT # 732803 1. Entity Name NORTH LAKE ASSOCIATION, INC.			
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	
2. Principal Place of Business - No P.O. Box # 1410 Brattleboro Cir. Suite, Apt. #, etc.		3. Mailing Address 1410 Brattleboro Cir. Suite, Apt. #, etc.	
City & State Sun City Center, FL		City & State Sun City Center, FL	
Zip 33573		Zip 33573	
Country		Country	
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	
6. Name and Address of Current Registered Agent SCHEMENAUER, PAUL W 1603 BUNKER HILL DR SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name <u>Dowdy, Edward C.</u> Street Address (P.O./Box Number is Not Acceptable) <u>1410 Brattleboro Cir.</u> City <u>Sun City Center</u> <u>FL</u> Zip Code <u>33573</u>	
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 <u>Edward C. Dowdy</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>04/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANTHER, JACK 1402 BRATTLEBORO CIR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, CAROL 1415 SETON HALL DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Scoble, Carol 1404 Brattleboro Cir Sun City Center, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAYTOS, NAN 1416 NASHUA CIR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NODLAND, JOYCE 1413 SETON HALL SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BRUCE 1609 MONMOUTH SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP Edward C. Dowdy , Edward 1410 Brattleboro Cir Sun City Center, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DETRICK, ROGER 1503 BUNKER HILL DR. SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Nodland, Eric 1413 Seton Hall Sun City Center, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Edward C. Dowdy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>04/15/08</u> Daytime Phone # <u>813-634-2679</u>	