

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 751718**

1. Entity Name

NORTHLAKE HARBOR CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90176 015 ****61.25

Principal Place of Business

**400 NORTHLAKE COURT
UNIT #308
NORTH PALM BEACH FL 33408**

Mailing Address

**400 NORTHLAKE COURT
UNIT #308
NORTH PALM BEACH FL 33408-5166
US****900786**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2066349

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMEDEE, ERNEST JR
400 NORTHLAKE CT #107
N PALM BCH. FL 33408**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	O'BRIEN, BRIAN P	
STREET ADDRESS	400 NORTHLAKE COURT #103	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VPD	☐ Delete
NAME	AMEDEE, ERNEST JR	
STREET ADDRESS	400 NORTHLAKE COURT #107	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	STD	☐ Delete
NAME	PRINCE, MARDI	
STREET ADDRESS	400 NORTHLAKE COURT #108	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)