

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751718

1. Entity Name

NORTHLAKE HARBOR CONDOMINIUM ASSOCIATION, INC.

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Ernest J. Amedee Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amedee, Ernest Jr 400 Northlake Ct #107 No. Palm Beach Fl 33408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Garry Powell 400 Northlake Ct. #206 No Palm Beach Fl 33408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Ernest J. Amedee Jr

3-10-2001 (561) 881-7592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90524 025 ****61.25