

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90225 022 ****61.25

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

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

4. FEI Number **59-2066349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 **AMEDEE, ERNEST JR.**

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

Ernest J. Amedee Jr.

(NOTE: Registered Agent signature required when reinstating)

1-10-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **AMEDEE, ERNEST JR**
STREET ADDRESS **400 NORTHLAKE CT, #107**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VPD** ☐ Delete
NAME **ROGERS, PELL S**
STREET ADDRESS **400 NORTHLAKE CT 203**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **SD** ☐ Delete
NAME **KOLACHC III, DR JAMES**
STREET ADDRESS **400 NORTHLAKE CT #105**
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 **KOLACEK III DR. JAMES**
STREET ADDRESS
CITY-ST-ZIP

**Dr. James J. Kolacek III
400 Northlake Ct. #105
N. Palm Beach, FL 33408-5126**

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:

Ernest J. Amedee Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

561-881-7592

CR2E037 (10/02)