## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # G59969

(7)

THE HOLLAND NORTHLAKE DAY SCHOOL, INC.

Principal Place of Business Mailing Address  MRS DOLORES COGBURN B788 N.MILITARY TR. PALM BCH. GARDENS FL 33410  Mailing Address MRS DOLORES COGBURN B788 N.MILITARY TR. PALM BCH. GARDENS FL 33410										
	,					3. Date Incorporated or Qualified 09/19/1983		e of Last R <b>4/1996</b>	eport	
2. Principal 21	Place of Business	2a. Mailing Addr	ess			4. FEI Number 59-2401557			oplied For ot Applicable	
Suite, Ap	ot #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & St	ate	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i	ntangible t			
24	25	29	30				Yes [			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	platered A	gent		
	IKLIN, ALAN J., ESQ.		ļ	81 1	Name	·.				
NORTHBRIDGE CENTER SUITE 1900 315 NORTH FLAGLER DR.				82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
W	PALM BEACH FL 33401			<b>B3</b>						
				84	City		FL	<b>85</b> Zip	Code	
SIGNATURI	Signature, typed or pented name of registered	agent and tide if applicable	(NOTE: Registered	Agent (	signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DAYE ERS AND	DIRECTOF	S IN 12	
HILF	PD	Di	LETE 1.1 TIT	LE				Change	Addition	
NAME	COGBURN, JOHN B.		1 2 NA	ME	- 1					
STREET ADDRES	S 3000 N OCEAN DR #22E		1.3 ST	REET AD	ORESS					
CHY-\$1-74P	SINGER ISLAND FL 33			Y-ST-2	ZIP	33	404	<b>G</b> 1 ~	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
JULLE	VD HOLLAND, DIANN C.	□ DI			//	0UAND, DIANNC. 188 N. MILITARY TR PALM BEACH, GARDE	. 1	Change	Addition	
NAME	COOK NOTHING TO		2.2 NA		97	188 WIMILITARY TH	٠.	•		
STREET ADDRES	-SINGER ISLAND FL			REET AD	DRESS P	PALM BEACH, GARDE	us p	L334	10	
City-S1-ZiP TitlE	STD	□ Di		1Y-ST-	(IP			Change	Addition	
NAME	COGBURN, DOLORES M.		3.2 NA		1				<b></b> 4	
STREET ADDRES	DOOD II DOTALI OD KOOT			REET AD	IDBESS					
CITY-ST-ZIP		3404	- 1	TY-ST-	· (	359	104			
TITLE			LETE 4.1 TIT				<u> </u>	Change	Addition	
NAME			4. 2 N	AME						
STREET ADDRES	8		4.3 ST	REET AD	DRESS					
CITY - ST - ZIP				[Y~\$T+]	- 1					
THUE		□ DE					<u> </u>	Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRES	s		5.3 ST	REET AD	DRESS					
CITY-ST-7P			540	Y-SI-	ZIP					
THLE		□ Di						Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRES	s		6.3 \$1	REET AD	ORESS					
CITY CL 710	1			rv er s	}					

SIGNATURE

SIGNATURE AND THE OR PRINTED N

F SIGNING OFFICER OR DIRECTOR

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name

4/15/77

561-842-0698 Daylime Phone \*

**FILED** 

Apr 24 1997 8:00am

Secretary of State

DO #

E034 (9/96)