

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90004 008 \*\*\*150.00

DOCUMENT # 659969

1. Corporation Name

THE HOLLAND NORTHLAKE DAY SCHOOL INC

Principal Place of Business

Mailing Address

8788 NORTH MILITARY TR  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/83

4. FEI Number

59-2401557

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

SAME

2a. Mailing Address

8788 NORTH MILITARY TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS FL

Zip

Country

Zip

Country

33410

PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIKLIN, AHAU J  
NORTHRISE CENTER 1900  
NORTH FLAGLER DR  
WEST PALM BEACH FL 33401

81 Name

DOANE, REBECCA G.

82 Street Address (P.O. Box Number is Not Acceptable)

505 SOUTH FLAGLER DR

83

FLAGLER CENTER TOWER SUITE 1100

84 City

WEST PALM BEACH

FL

85 Zip Code  
33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D COGBURN, JOHN B ☐ DELETE  
NAME 5280 N OCEAN DR APT-12C  
STREET ADDRESS SINGER ISLAND FL 33404  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V/D HOLLAND, DIANN C. ☐ DELETE  
NAME 8788 N MILITARY TRAIL  
STREET ADDRESS PALM BEACH GARDENS FL 33410  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S/T/D COGBURN, DOLORES M ☐ DELETE  
NAME 5280 N OCEAN DR APT 12C  
STREET ADDRESS SINGER ISLAND FL 33404  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN B. COGBURN JOHN B. COGBURN P/D

4/18/99

501-842-0698

Date

Daytime Phone #

CR2E034 (11/98)