


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90007 006 ***150.00

DOCUMENT # G59969	
1. Entity Name THE HOLLAND NORTHLAKE DAY SCHOOL, INC.	

Principal Place of Business 8788 N MILITARY TRL PALM BCH. GARDENS, FL 33410 US	Mailing Address % MRS DOLORES COGBURN 8788 N. MILITARY TR. PALM BCH. GARDENS, FL 33410
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2. Principal Place of Business Suite, Apt. #, etc City & State Zip	3. Mailing Address 8902 Military Tr. Suite, Apt. #, etc. City & State Zip
	Palm Beach Gardens 33418 USA

6. Name and Address of Current Registered Agent DOANE, ROBECCA G (JONES FOSTER JOHNSON AND STUBBS PA) 505 S FLAGLER DR SUITE 1100 WEST PALM BEACH, FL 33410	
7. Name and Address of New Registered Agent Name: Doane, Rebecca Street Address (P.O. Box Number is Not Acceptable): Doane & Doane PA 2000 PGA Blvd Suite 4410 City: North Palm Beach FL Zip Code: 33408	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, DIANN C - Leland 8788 N MILITARY TRL PALM BCH GDN, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPV COGBURN, JOHN B 5280 N OCEAN DR AP 12C WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COGBURN, DOLORES M. 5280 N OCEAN DR APT 12-C SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Diann C. Leland Date: March 25, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #