


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90131 050 \*\*\*150.00

<b>DOCUMENT # G59969</b>	
1. Entity Name <b>THE HOLLAND NORTHLAKE DAY SCHOOL, INC.</b>	

Principal Place of Business <b>8788 N MILITARY TRL PALM BCH. GARDENS, FL 33410 US</b>	Mailing Address <b>4650 8902 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33418</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01062006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-2401557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>DUANE, REBECCA DUANE &amp; DUANE, PA 2000 PAGA BLVD SUITE 4410 NORTH PALM BEACH, FL 33408</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LELAND, DIANN C 8788 N MILITARY TRL PALM BCH GDN, FL 33410</b> <input type="checkbox"/> Delete <i>Name Change (Divorce)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPV COGBURN, JOHN B 5280 N OCEAN DR AP 12C WEST PALM BEACH, FL 33404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD COGBURN, DOLORES M. 5280 N OCEAN DR APT 12-C SINGER ISLAND, FL 33404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Holland, Diann C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **March 15, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #