

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90462 031 ****61.25

DOCUMENT # N02105

1. Entity Name

NORTH LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4262 NORTHLAKE BLVD
 PALM BEACH GARDENS FL 33410

4262 NORTHLAKE BLVD
 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4521 PGA BLVD

4521 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOX 140

BOX 140

City & State

City & State

PALM BEACH GARDENS FL

4. FEI Number

59-2536876

Applied For

Not Applicable

Zip

Country

Zip

Country

33418

33418

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, H. DUKE II
9676 HEATHER CIR W
PALM BCH GARDENS FL 33410

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
MCQUAIDE, JOHN G.
4726 WADITA-KA WAY
WEST PALM BEACH FL 33417

☒ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SPILANE, MICHAEL
4666 WADITA-KA WAY
WEST PALM BEACH FL 33417

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
PERKINS, DOTTY
4584 APPALOOSA ST
WEST PALM BEACH FL 33417

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
GARRETT, JOE
4569 WAKITAKA WAY
WEST PALM BEACH FL 33417

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
REDAVID, PATRICIA H
4557 WAKITAKA WAY
WEST PALM BEACH FL 33417

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
NUTTING, BRUCE
4596 APPALOOSA STREET
WEST PALM BEACH FL 33417

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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 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: **HEATHER PETERS II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-02 5616261460

Date

Daytime Phone #

CR2E037 (9/01)