

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04279

1. Entity Name
NORTH LAKE MEADOWS PROPERTY OWNERS
ASSOCIATION, INC.



FILED

07 OCT 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 180024
TALLAHASSEE, FL 32318 US

Mailing Address
P.O. BOX 180024
TALLAHASSEE, FL 32318 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122007 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2738512

Applied For
Not Applicable

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

CLARK, MICHAEL
7239 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

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

Michael Clark

10/13/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DAVIS, JOSEPH ☒ Delete
STREET ADDRESS 7234 MARTY CT.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE PD ☒ Change ☐ Addition
NAME Reagle Thomas L.
STREET ADDRESS 7236 Newfield Dr.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE S ☒ Delete
NAME HOOKS, VICKIE
STREET ADDRESS 7244 MARTY COURT
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE S ☒ Change ☒ Addition
NAME Celia A. Connell
STREET ADDRESS 7221 Newfield Dr.
CITY-ST-ZIP Tallahassee FL 32303

TITLE TD ☐ Delete
NAME CLARK, MICHAEL
STREET ADDRESS 7239 OLD BAINBRIDGE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE Board Member ☐ Change ☒ Addition
NAME Hollenbeck, John E.
STREET ADDRESS 7220 Newfield Dr.
CITY-ST-ZIP Tallahassee FL 32303

TITLE VP ☐ Delete
NAME REAGLE, THOMAS
STREET ADDRESS 7236 NEWFIELD DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VP ☒ Change ☒ Addition
NAME Myhre, Keith D.
STREET ADDRESS 7275 Nola Ct.
CITY-ST-ZIP Tallahassee FL 32303

TITLE ☐ Delete
NAME *10/13/07*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Thomas L. Reagle

10-13-07

562-0618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #