

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04279**

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



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

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



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2738512</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>REAGLE, THOMAS L<br>7236 NEWFIELD DR<br>TALLAHASSEE, FL 32303      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>CONNELL, CELIA A<br>7221 NEWFIELD DR<br>TALLAHASSEE, FL 32303       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>CLARK, MICHAEL<br>7239 OLD BAINBRIDGE RD.<br>TALLAHASSEE, FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>REAGLE, THOMAS<br>7236 NEWFIELD DR.<br>TALLAHASSEE, FL 32303       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | BM<br>HOLLENBECK, JOHN E<br>7220 NEWFIELD DR<br>TALLAHASSEE, FL 32303    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>AYHRE, KEITH D.<br>7275 NOLA CT<br>TALLAHASSEE, FL 32303            |

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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:** Michael Clark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/08  
Date

(850) 922-7720  
Daytime Phone #