2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006637

FILED Apr 28, 2009 Secretary of State

Entity Name: THE NORTH LAKE BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
	ND STREET BEE, FL 3497	74				
Current Mailing Address:			New Ma	New Mailing Address:		
375 SW 32ND STREET OKEECHOBEE, FL 34974						
FEI Number:	77-0697096	FEI Number Applied For ()	FEI Number Not Ap	Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name ar	and Address of New Registered Agent:		
STEPHENS, TERESA 375 SW 32ND STREET OKEECHOBEE, FL 34974 US						
The above r		submits this statement for the pu	rpose of changing	ng its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electron	ic Signature of Registered Ager	t	Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () CROSLYN, BEG 3001 SW 3RD OKEECHOBEE	TERRACE	Title: Name: Address: City-St-Zip	() Change () Addition p:		
Title: Name: Address: City-St-Zip:	DV () BASS, JOEL 8661 CENTERS OKEECHOBEE		Title: Name: Address: City-St-Zip	() Change () Addition p:		
Title: Name: Address: City-St-Zip:	DST () STEPHENS, TE 375 SW 32ND S OKEECHOBEE	STREET	Title: Name: Address: City-St-Zip	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () Delete LAWTER, FRAN 3050 SW 3RD TERRACE OKEECHOBEE, FL 34974		Title: Name: Address: City-St-Zip	()Change ()Addition p:		
Title: Name: Address: City-St-Zip:	D () DODD, DIANE P.O. BOX 1763 OKEECHOBEE	Delete FL 34973	Title: Name: Address: City-St-Zip	()Change ()Addition p:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA STEPHENS DST 04/28/2009