

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 23 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N10294** (9)

1. Corporation Name  
**BEAR LAKES ESTATES NORTH PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
2919 E NO. MILITARY TRAIL SUITE 213 WEST PALM BCH. FL 33409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/17/1985</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2739447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent  
**HENDELSON, LEE  
2845 NO MILITARY TRAIL, SUITE 15  
SUITE 213  
WEST PALM BCH. FL 33409**

10. Name and Address of New Registered Agent  
81 Name **John D. Cates**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2615 Mohawk Circle**  
83  
84 City **W. Palm Beach, FL** 85 Zip Code **33409**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John D. Cates Vice-President DATE **3/8/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>KRAYNICK, JOHN A.</b>
STREET ADDRESS	<b>123 NORTHWEST 13TH ST., SUITE 300</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VPD</b>
NAME	<b>CATES, JOHN</b>
STREET ADDRESS	<b>2615 MOHAWK CIRCLE</b>
CITY - ST - ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<b>STD</b>
NAME	<b>PILLEN, GREG</b>
STREET ADDRESS	<b>123 NORTHWEST 13TH ST., STE 300</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>GATTO, PAUL</b>
STREET ADDRESS	<b>2808 MOHAWK CIRCLE</b>
CITY - ST - ZIP	<b>WEST PALM BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Cates John D. Cates DATE **3/8/95** (407)478-1193