

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N10294** (9)

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



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

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

3. Date Incorporated or Qualified **07/17/1985** 3a. Date of Last Report **03/23/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2739447	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CATES, JOHN D. 2615 MOHAWK CIRCLE SUITE 213 WEST PALM BCH. FL 33409				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD <input checked="" type="checkbox"/> DELETE	TITLE	PRESIDENT D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	KRAYNICK, JOHN A.	1.1 NAME	Anthony J. Hebel				
STREET ADDRESS	123 NORTHWEST 13TH ST., SUITE 300	1.2 STREET ADDRESS	2533 Seminole Circle				
CITY-ST-ZIP	BOCA RATON FL	1.3 CITY-ST-ZIP	W. Palm Beach, FL 33409				
TITLE	VPD <input type="checkbox"/> DELETE	TITLE	TREASURER D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CATES, JOHN	2.1 NAME	John Cates				
STREET ADDRESS	2615 MOHAWK CIRCLE	2.2 STREET ADDRESS	2615 Mohawk Circle				
CITY-ST-ZIP	WEST PALM BCH. FL	2.3 CITY-ST-ZIP	West Palm Beach, FL 33409				
TITLE	STD <input checked="" type="checkbox"/> DELETE	TITLE	SECRETARY D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	PILLEN, GREG	3.1 NAME	Frederick R. DeCesaris				
STREET ADDRESS	123 NORTHWEST 13TH ST., STE 300	3.2 STREET ADDRESS	2620 Tecumseh Drive				
CITY-ST-ZIP	BOCA RATON FL	3.3 CITY-ST-ZIP	W. Palm Beach, FL 33409				
TITLE	D <input checked="" type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GATTO, PAUL	4.1 NAME					
STREET ADDRESS	2606 MOHAWK CIRCLE	4.2 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BCH. FL	4.3 CITY-ST-ZIP	600001747406				
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	-03718796---01085---004 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME	***61.25				
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 119.07(3)(k), 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 617, 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 1/17/96 407-478-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 NC 2-18-96

CR2E037 (12/95)