


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90091 017 \*\*\*\*61.25

<b>DOCUMENT # N10294</b>		
1. Entity Name <b>BEAR LAKES ESTATES NORTH PROPERTY OWNERS' ASSOCIATION, INC.</b>		

**20022884**



Principal Place of Business <b>2950 SARATOGA ROAD WEST PALM BCH., FL 33409 US</b>		Mailing Address <b>PO BOX 220656 WEST PALM BCH., FL 33422-0656 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112005 Chg-NP CR2E037 (10/03)

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. Name and Address of Current Registered Agent <b>CATES, JOHN D. 2615 MOHAWK CIRCLE WEST PALM BCH., FL 33409</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JASSENOFF, JEROME <input type="checkbox"/> Delete 2730 TECUMSEH DRIVE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Starr, Donald J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2780 Tecumseh Drive W. Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACOMBE, JOSEPH P <input checked="" type="checkbox"/> Delete 2525 SEMINOLE CIRCLE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CATES, JOHN D <input type="checkbox"/> Delete 2615 MOHAWK CIRCLE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cates, John D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2615 Mohawk Circle W. Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** John D. Cates John D. Cates 3/15/05 561-478-1193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #