

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

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90020 021 ****61.25

DOCUMENT # N10294

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



Principal Place of Business
**2950 SARATOGA ROAD
WEST PALM BCH., FL 33409 US**

Mailing Address
**PO BOX 220656
WEST PALM BCH., FL 33422-0656 US**

40048256



02282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2739447

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CATES, JOHN D.
2615 MOHAWK CIRCLE
WEST PALM BCH., FL 33409**

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
JASSENOFF, JEROME
2730 TECUMSEH DRIVE
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
STARR, DONALD J
2780 TECUMSEH DRIVE
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
CATES, JOHN D
2615 MOHAWK CIRCLE
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

John D. Cates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/08 561-478-1193