

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2009  
Secretary of State**

DOCUMENT# N10294

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

**Current Principal Place of Business:**

2950 SARATOGA ROAD  
WEST PALM BCH., FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 220656  
WEST PALM BCH., FL 334220656 US

**New Mailing Address:**

**FEI Number:** 59-2739447      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JASSENOFF, JEROME  
Address: 2730 TECUMSEH DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD ( ) Delete  
Name: STARR, DONALD J  
Address: 2780 TECUMSEH DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD ( ) Delete  
Name: CATES, JOHN D  
Address: 2615 MOHAWK CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN D CATES

TD

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date