FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:17

DOCUMENT # **N17050** **(8)**

1. Corporation Name

VILLAS OF BEAR LAKES ESTATES NORTH HOMEOWNERS AS SOCIATION, INC.

Principal Place of Business	Mailing Address
2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409	2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2722307 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL
250 AUSTRALIAN AVE S
ONE CLEARLAKE CENTRE STE 1010
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, ELIZABETH	12 NAME	
STREET ADDRESS	2616 MOHAWK CIR	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CATES, JOHN	22 NAME	
STREET ADDRESS	2615 MOHAWK CIR	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	GATTO, PAUL	32 NAME	
STREET ADDRESS	2608 MOHAWK CIR	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	ANTONELLI, PAUL	42 NAME	TD Ganem, Brenda
STREET ADDRESS	2631 MOHAWK CIR	43 STREET ADDRESS	2626 Mohawk Circle
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP	West Palm Beach, Fl.
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	ARNOW, MICHAEL	52 NAME	D Kiser, Harvey
STREET ADDRESS	2607 MOHAWK CIR	53 STREET ADDRESS	2613 Mohawk Circle
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP	West Palm Beach, Fl.
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 Cates — April 29, 1995 — 407-478-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011250