

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N17050 (8)**

1. Corporation Name  
**VILLAS OF BEAR LAKES ESTATES NORTH HOMEOWNERS AS SOCIATION, INC.**

Principal Place of Business <b>2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409</b>	Mailing Address <b>2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409-2995</b>
--	---



3. Date Incorporated or Qualified <b>09/29/1986</b>		3a. Date of Last Report <b>01/29/1996</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		4. FEI Number <b>59-2722307</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Mailing Address <b>26</b> Suite, Apt. #, etc <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		7. 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 <b>GELFAND, MICHAEL 250 AUSTRALIAN AVE S ONE CLEARLAKE CENTRE STE 1010 W PALM BCH FL 33401</b>	

10. Name and Address of New Registered Agent	
<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>KENNEDY, ELIZABETH</b> <b>2616 MOHAWK CIR</b> <b>W. PALM BEACH FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CATES, JOHN</b> <b>2615 MOHAWK CIR</b> <b>W PALM BCH FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>GATTO, PAUL</b> <b>2606 MOHAWK CIR</b> <b>W PALM BCH FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>GANEM, BRENDA</b> <b>2626 MOHAWK CIRCLE</b> <b>WEST PALM BEACH FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KISER, HARVEY</b> <b>2613 MOHAWK CIRCLE</b> <b>WEST PALM BEACH FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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** **FEB 25, 1997** **561-478-1193**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040744

CR2E037 (9/96)