


FILE NOW: FILING FEE IS \$61.25

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**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17050 (8)

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



Principal Place of Business 2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409	Mailing Address 2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409
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3. Date Incorporated or Qualified 09/29/1986		
4. FEI Number 59-2722307	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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	85 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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KENNEDY, ELIZABETH	
STREET ADDRESS	2616 MOHAWK CIR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CATES, JOHN	
STREET ADDRESS	2615 MOHAWK CIR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GATTO, PAUL	
STREET ADDRESS	2606 MOHAWK CIR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KISER, HARVEY	
STREET ADDRESS	2613 MOHAWK CIRCLE	
CITY-ST-ZIP	WEST PALM EBAHC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SLOAN, TERRY
5.3 STREET ADDRESS	2609 MOHAWK CIRCLE
5.4 CITY-ST-ZIP	W. PALM BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** 3/24/98 561 478-1193

CR2E037 (10/97)