

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 041 ****61.25

DOCUMENT # N17050

1. Entity Name
VILLAS OF BEAR LAKES EST ATE NORTH
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3000 SARATOGA ROAD
WEST PALM BEACH, FL 33409 US

Mailing Address
PO BOX 220656
WEST PALM BEACH, FL 33422-0656

40043400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2722307

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATES, JOHN D
2615 MOHAWK CIRCLE
WEST PALM BEACH, FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME SCHEELE, BRIAN C
STREET ADDRESS 2618 MOHAWK CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE PD ☐ Delete
NAME CATES, JOHN D
STREET ADDRESS 2615 MOHAWK CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE TD ☐ Delete
NAME LODES, STEVEN
STREET ADDRESS 2620 MOHAWK CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Salandro, Barry
STREET ADDRESS 2623 Mohawk Cir
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE D ☐ Change ☒ Addition
NAME Weiler, Bruce M.
STREET ADDRESS 2606 Mohawk Cir.
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John D. Cates

4/7/07 (561) 478-1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #