

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17050

FILED
Mar 18, 2009
Secretary of State

Entity Name: VILLAS OF BEAR LAKES ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3000 SARATOGA ROAD
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 220656
WEST PALM BEACH, FL 334220656

New Mailing Address:

FEI Number: 59-2722307

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 BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

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: JOHN D CATES

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALANDRO, BARRY
Address: 2623 MOHAWK CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: WEILER, BRUCE M
Address: 2606 MOHAWK CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD () Delete
Name: LODES, STEVEN
Address: 2620 MOHAWK CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: SCHEELE, BRIAN C
Address: 2618 MOHAWK CIR
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:

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

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date