

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17050

**FILED**  
**Mar 13, 2012**  
**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 PD  
2615 MOHAWK CIRCLE  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SALANDRO, BARRY  
Address: 2623 MOHAWK CIR  
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: D  
Name: JENNINGS, BRETT  
Address: 2616 MOHAWK CIR  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD  
Name: SCHEELE, BRIAN C  
Address: 2618 MOHAWK CIR  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD  
Name: CATES, JOHN D  
Address: 2615 MOHAWK CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: JOHN D. CATES

PD

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date