

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32567

1. Entity Name
NORTH LAKE PICKETT EASEMENT ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 660443
CHULUOTA, FL 32766-0443 US

Mailing Address
P.O. BOX 660443
CHULUOTA, FL 32766-0443 US

FILED

06 SEP 22 PM 1:26

CLERK OF STATE
TALLAHASSEE, FLORIDA



06262006 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3015309	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, DEBORAH A
1471 FT. CHRISTMAS RD
CHULUOTA, FL 32766

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOEKEN, BARBARA 2798 PICKETT DOWNS DR CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUDY 2745 MILLS CREEK ROAD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRUCE 2401 WASSUM TR CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHEY, MICHEAL 1235 SULTAN CIRCLE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVIN, GRACE ANN 2299 MILLS CREEK RD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

9/25

300080228623
09/27/06--01053--022 **70.00

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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: *Deborah A. Williams* *Deborah A. Williams* 9/15/06 907961-5431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #