

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

DO NOT WRITE IN THIS SPACE

FILED

06 SEP 22 PM 1:26

FLORIDA STATE
TALLAHASSEE, FLORIDA



06262006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3015309	<input type="checkbox"/> Applied For <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(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 D
NAME GOEKEN, BARBARA
STREET ADDRESS 2798 PICKETT DOWNS DR
CITY-ST-ZIP CHULUOTA, FL

TITLE D
NAME JOHNSON, JUDY
STREET ADDRESS 2745 MILLS CREEK ROAD
CITY-ST-ZIP CHULUOTA, FL

TITLE D
NAME WILLIAMS, BRUCE
STREET ADDRESS 2401 WASSUM TR
CITY-ST-ZIP CHULUOTA, FL

TITLE D
NAME HERSHEY, MICHEAL
STREET ADDRESS 1235 SULTAN CIRCLE
CITY-ST-ZIP CHULUOTA, FL 32766

TITLE D
NAME GALVIN, GRACE ANN
STREET ADDRESS 2299 MILLS CREEK RD
CITY-ST-ZIP CHULUOTA, FL

TITLE
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: *Deborah A. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deborah A. Williams 9/15/06 407961-5431