

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32567

FILED
Apr 07, 2009
Secretary of State

Entity Name: NORTH LAKE PICKETT EASEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1471 FT CHRISTMAS RD
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

1471 FT CHRISTMAS RD
CHULUOTA, FL 32766 US

New Mailing Address:

FEI Number: 59-3015309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, DEBORAH A
1471 FT. CHRISTMAS RD
CHULUOTA, FL 32766 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: D () Delete
Name: GOEKEN, BARBARA
Address: 2798 PICKETT DOWNS DR
City-St-Zip: CHULUOTA, FL

Title: D () Delete
Name: JOHNSON, JUDY
Address: 2745 MILLS CREEK ROAD
City-St-Zip: CHULUOTA, FL

Title: D () Delete
Name: WILLIAMS, BRUCE
Address: 2401 WASSUM TR
City-St-Zip: CHULUOTA, FL

Title: D () Delete
Name: HERSHEY, MICHEAL
Address: 1235 SULTAN CIRCLE
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: GALVIN, GRACE ANN
Address: 2299 MILLS CREEK RD
City-St-Zip: CHULUOTA, FL

Title: DS () Delete
Name: STUTES, THERESA
Address: 2508 MD. ROYAL PL
City-St-Zip: CHULUOTA, FL 32266

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:

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: DEBORAH WILLIAMS

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date