

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90134 028 ****70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3015309**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Deborah A. Williams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GOEKEN, BARBARA	
STREET ADDRESS	2798 PICKETT DOWNS DR	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JUDY	
STREET ADDRESS	2745 MILLS CREEK ROAD	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BRUCE	
STREET ADDRESS	2401 WASSUM TR	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHEY, MICHAEL	
STREET ADDRESS	1235 SULTAN CIRCLE	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALVIN, GRACE ANN	
STREET ADDRESS	2299 MILLS CREEK RD	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDEN, TIM	
STREET ADDRESS	2341 KILDARE DRIVE	
CITY-ST-ZIP	CHULUOTA FL 32766	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY KING	
STREET ADDRESS	1651 SULTAN DR	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY EVANS	
STREET ADDRESS	2535 Hibbard Tr.	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE WILSON	
STREET ADDRESS	2701 Wassum Tr	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMON LAWRENSON	
STREET ADDRESS	2450 Wassum Tr	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF LOCKVER	
STREET ADDRESS	2105 Brakes Ln	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Williams	
STREET ADDRESS	1471 FT-Christmas Rd	
CITY-ST-ZIP	Chuluota, FL 32766	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*

3/17/03

407-366 8068

CR2E037 (10/02)