

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90188 045 ****61.25

DOCUMENT # N35321
 1. Entity Name
LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM

Principal Place of Business PO BOX 351493 PALM COAST FL 32135-8493 US	Mailing Address PO BOX 351493 PALM COAST FL 32135-1493 US
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DO NOT WRITE IN THIS SPACE

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 59-2646030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITE, WILLIAM A
PALM COAST PROPERTY MANAGEMENT
296 PALM COAST PKWY NE
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name **FRED ANNON, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE, SUITE C
 City **PALM COAST, FL** Zip Code **32137**

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.
 SIGNATURE *[Signature]* DATE **02-08-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIMM, CAROL 88 LAKE FOREST PL. PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, JOHN 69 LAKE FOREST PL. PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAHNKE, ELLEN 92 LAKE FOREST CT. N. PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARTER, ERIC 78 LAKE FOREST PL. PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOELKOPF, GWENDOLYN 10 LAKE FOREST N CIR PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROL GRIMM 58 LAKE FOREST PLACE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARYANN MONTALBINE 18 LAKE FOREST CT. N. PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRENE MCLAUGHLIN 69 LAKE FOREST PL. PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or all other like empowers.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date **2/4/00**