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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N40401** **(4)**

1. Corporation Name

NORTHLAKE UNIT TWO OF DUVAL COUNTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BISBEE-BALDWIN CORPORATION 341 W FORSYTH ST JACKSONVILLE FL 32202	C/O BISBEE-BALDWIN CORPORATION 341 W FORSYTH ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 04/07/1994
4. FEI Number: NOT APPLICABLE ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9551 BAYMEADOWS ROAD	26 9551 BAYMEADOWS ROAD
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 4
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32256 / 25 DUVAL	Zip / Country 29 32256 / 30 DUVAL

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANGLEY, RONALD L. 341 WEST FORSYTH STREET JACKSONVILLE FL 32202	81 Name: Braren, Michael E 82 Street Address (P.O. Box Number is Not Acceptable): 9551 Baymeadows Rd #4 83 84 City: Jacksonville FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael E. Braren — Michael E. Braren — DATE: 7/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUEGER, CHARLES 341 W. FORSYTH ST. JACKSONVILLE FL — Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGLEY, RONALD L. 341 W. FORSYTH ST. JACKSONVILLE FL — Delete	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition D/P MICHAEL E BRAREN 9551 # 4 BAYMEADOWS RD. JACKSONVILLE, FLA. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWARD, LEIGH B. 341 W. FORSYTH ST JACKSONVILLE FL — Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition D/S Sherry Hice 9551 # 4 Baymeadows Rd. Jacksonville, FL. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☑ Change ☐ Addition D/V/T SHARON W FREDERIKSEN 9551 #4 BAYMEADOWS RD. JACKSONVILLE, FL. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry Hice — Sherry Hice — 7/26/95 — 904/739-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001220