FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N40401 (4)

1. Corporation Name

NORTHLAKE UNIT TWO OF DUVAL COUNTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9551 BAYMEADOWS RD STE 4 JACKSONVILLEE FL 32256 US	9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified	3a. Date of Last Report
10/18/1990	08/07/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number	
APPLIED FOR 59-3328117	Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRAREN, MICAHEL E
9551 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81	Name: BRAREN, MICHAEL E.
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HICE, SHERRY		1.2 NAME	
STREET ADDRESS	9551 STE 4 BAYMEADOWS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAREN, MICHAEL E		2.2 NAME	
STREET ADDRESS	9551 STE 4 BAYMEADOWS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DS	☒ DELETE	3.1 TITLE DS	☒ Change ☐ Addition
NAME	HIOCE, SHERRY		3.2 NAME HICE, SHERRY	
STREET ADDRESS	9551 STE 4 BAYMEADOWS RD		3.3 STREET ADDRESS 9551 BAYMEADOWS RD #4	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE		☐ DELETE	4.1 TITLE DVT	☐ Change ☒ Addition
NAME			4.2 NAME FREDENHAGEN, SHARON W	
STREET ADDRESS			4.3 STREET ADDRESS 9551 BAYMEADOWS RD #4	
CITY-ST-ZIP			4.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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_   4/9/96   904/739-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
SHERRY HICE