

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N48909

1. Entity Name

NORTH FORK ESTATES PROPERTY OWNER'S
ASSOCIATION, INC.



Principal Place of Business

1500 MALLARD CT
FT PIERCE FL 34982
US

Mailing Address

1500 MALLARD COURT
FT PIERCE FL 34982
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

65-0348466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

PHILLIPS, KENDALL J.
239 S INDIAN RIVER DRIVE
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE D ☐ Delete
NAME VAUGHN, GERALDINE L.
STREET ADDRESS 1500 MALLARD COURT
CITY-ST-ZIP FT PIERCE FL

TITLE D ☐ Delete
NAME VAUGHN, DAN L
STREET ADDRESS 1720 MALLARD CT.
CITY-ST-ZIP FT. PIERCE FL

TITLE D ☐ Delete
NAME VAUGHN, JAMES R
STREET ADDRESS 1520 MALLARD CT
CITY-ST-ZIP FT PIERCE FL 34982

TITLE D ☐ Delete
NAME SNULTZ, JEFF
STREET ADDRESS 1741 MALLARD CT.
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D ☐ Delete
NAME EDMONDSON, MARINA
STREET ADDRESS 1525 MALLARD CT.
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000031799
CITY-ST-ZIP 02/04/04-80164-009 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04 772-461-6324