


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
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
--	---

DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0348466	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 PHILLIPS, KENDALL J. 239 S INDIAN RIVER DRIVE FORT PIERCE, FL 34950
--

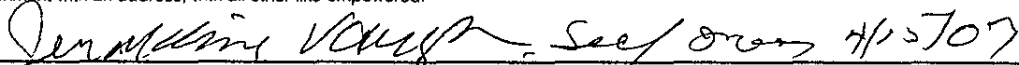
DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, GERALDINE L. 1500 MALLARD COURT FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, DAN L 1720 MALLARD CT. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, JAMES R 1520 MALLARD CT FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNULTZ, JEFF 1741 MALLARD CT. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDSON, MARINA 1525 MALLARD CT. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000720607 05/01/07-80113-004 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/15/07 <small>Daytime Phone #</small>