2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N48909

Entity Name: NORTH FORK ESTATES PROPERTY OWNER'S ASSOCIATION,INC.

Current Principal Place of Business:

1721 MALLARD CT
FT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

1721 MALLARD CT
FT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 65-0348466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VAUGHN, GERALDINE L.,
Address: 1500 MALLARD COURT
City-St-Zip: FT PIERCE, FL

Title: D ( ) Delete
Name: VAUGHN, DAN L
Address: 1720 MALLARD CT.
City-St-Zip: FT. PIERCE, FL

Title: D ( ) Delete
Name: VAUGHN, JAMES R
Address: 1520 MALLARD CT
City-St-Zip: FT PIERCE, FL 34982

Title: D ( ) Delete
Name: SNULTZ, JEFF
Address: 1741 MALLARD CT.
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: EDMONDSON, MARINA
Address: 1525 MALLARD CT.
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: SCHOTT, KENN W
Address: 1721 MALLARD COURT
City-St-Zip: FT PIERCE, FL 34982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENN SCHOTT PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date