

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004023

1. Entity Name
NORTHLAKE DRAINAGE ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 428
MANGO, FL 33550 US**

Mailing Address
**P.O. BOX 428
MANGO, FL 33550 US**



04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3240072

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**JAEB, STEPHEN L
11505 E. BROADWAY
MANGO, FL 33550**

**DO NOT WRITE
IN THIS SPACE**

6. 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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	JAEB, STEPHEN L
STREET ADDRESS	11505 E. BROADWAY
CITY- ST- ZIP	MANGO, FL 335500428
TITLE	PD
NAME	WILLIAMS, TYLER
STREET ADDRESS	1203 TOWNSGATE COURT
CITY- ST- ZIP	PLANT CITY, FL 33566
TITLE	VD
NAME	BROWN, STEVE
STREET ADDRESS	205 S HOOVER BLVD STE 305
CITY- ST- ZIP	TAMPA, FL 33609
TITLE	D
NAME	HIGGINBOTHAM, RICHARD
STREET ADDRESS	5912 BREKENRIDGE PARKWAY STE A
CITY- ST- ZIP	TAMPA, FL 33610
TITLE	D
NAME	MILAM, WILLIAM
STREET ADDRESS	300 TECHNOLOGY COURT
CITY- ST- ZIP	SMYRNA, GA 30082
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000515779
04/29/06-80223-019 61.25

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

8/3 63/ 57 76

Daytime Phone #