

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004023

FILED
Apr 19, 2012
Secretary of State

Entity Name: NORTHLAKE DRAINAGE ASSOCIATION, INC.

Current Principal Place of Business:

2202 N WEST SHORE BLVD., 5TH FLOOR
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2202 N WEST SHORE BLVD., 5TH FLOOR
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3240072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAREN, BREMER
2202 N WEST SHORE BLVD., 5TH FLOOR
TAMPA, FL 33607 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
Name: JAEB, STEPHEN L
Address: 11505 E. BROADWAY
City-St-Zip: MANGO, FL 335500428

Title: PD
Name: KAREN, BREMER
Address: 2202 N WEST SHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607

Title: VD
Name: BROWN, STEVE
Address: 205 S HOOVER BLVD STE 305
City-St-Zip: TAMPA, FL 33609

Title: D
Name: HIGGINBOTHAM, RICHARD
Address: 5912 BREKENRIDGE PARKWAY STE A
City-St-Zip: TAMPA, FL 33610

Title: D
Name: MILAM, WILLIAM
Address: 300 TECHNOLOGY COURT
City-St-Zip: SMYRNA, GA 30082

Title: ST
Name: RONDA, STOKER
Address: 2202 N WEST SHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: KAREN BREMER

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date