


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90039 041 \*\*\*\*61.25

<b>DOCUMENT # N94000004544</b>	
1. Entity Name <b>NORTHLAKE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>12698 SAMPSON RD JACKSONVILLE FL 32218 US</b>	Mailing Address <b>12698 SAMPSON RD JACKSONVILLE FL 32218 US</b>
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2. Principal Place of Business - No P.O. Box # <b>12727 SAMPSON ROAD</b> Suite, Apt. #, etc. <b>JACKSONVILLE FL</b> City & State <b>US</b> Zip <b>32218</b>		3. Mailing Address <b>12727 SAMPSON ROAD</b> Suite, Apt. #, etc. <b>JACKSONVILLE FL</b> City & State <b>US</b> Zip <b>32218</b>	
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1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent <b>ALEXANDER, WILLIE JR 12698 SAMPSON ROAD JACKSONVILLE FL 32218</b>	
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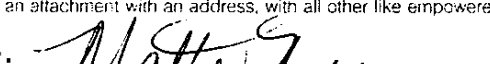
7. Name and Address of New Registered Agent Name <b>MATTIE NUNN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12727 SAMPSON ROAD</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32218</b>	
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8. The above named entity submits this statement 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 	DATE <b>3/18/08</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, WILLIE JR 12698 SAMPSON RD JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTIE NUNN 12727 SAMPSON ROAD JAX. FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORROW, ALEX 2743 SEAWICK JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL RHODES 12561 LOCHLOOSA LN JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWER, MARY W 2910 SELAWICK LANE JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASHALL MORROW 2743 SELAWICK LN JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFFIN, SUSAN 12669 SAMPSON RD JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUSAN RUFFIN 12669 SAMPSON ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR MITCHELL, DERRICK J 12641 SAMPSON RD JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAR JOHN DARBY 2725 PERCY ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Mattie Nunn 3/18/08 904-766-0972