

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 14, 2001 8:00 am  
Secretary of State

05-14-2001 90207 005 \*\*\*\*61.25

DOCUMENT # N98000003019

1. Entity Name

NORTHWEST LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5580 SR 524  
COCOA FL 32926

Mailing Address

140 LOST LAKES DRIVE  
COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

15450 NW 27 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

59-3545336

Applied For

Not Applicable

Zip

Country

33054

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOILEAU, JOHN L  
WATSON, SOILEAU, DELEO & BURGETT, P.A.  
1970 MICHIGAN AVENUE - BUILDING C  
COCOA FL 32922

Name John L. Maire - VSTD

Street Address (P.O. Box Number is Not Acceptable)  
15450 NW 27 Avenue

City MIAMI,

FL

Zip Code

33054

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUKE, GERALD JR.	
STREET ADDRESS	C/O 140 LOST LAKES DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAIRE, JOHN	
STREET ADDRESS	C/O 140 LOST LAKES DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, DAVID	
STREET ADDRESS	C/O 140 LOST LAKES DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel A. Duke, Jr.	
STREET ADDRESS	15450 NW 27 Avenue	
CITY-ST-ZIP	Miami, FL 33054	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Scott	
STREET ADDRESS	118 P Wood Smith Blvd	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Maire	
STREET ADDRESS	15450 NW 27 Ave	
CITY-ST-ZIP	Miami, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John L. Maire

4/24/01

305-687-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)