

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Bortnick
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25014 (4)

1. Corporation Name

ESTATES OF NORTH LAKE, INC.

Principal Place of Business

RT 2 BOX 631
MOORE HAVEN FL 33471
US

Mailing Address

P.O. BOX 497
NORTH FORT MYERS FL 33918
US

400001525104

-06/28/95--01005--011

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

08/11/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0323030

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, DAVID A.
18331 DURRANCE ROAD P.O. Box 4597
NORTH FORT MYERS FL 33913

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPMAN, DAVID A.
STREET ADDRESS	28331 DURRANCE RD.
CITY - ST - ZIP	N. FORT MYERS FL N-7 Myers, FL 33918
TITLE	N/A
NAME	N/A
STREET ADDRESS	N/A
CITY - ST - ZIP	N/A
TITLE	N/A
NAME	N/A
STREET ADDRESS	N/A
CITY - ST - ZIP	N/A
TITLE	N/A
NAME	N/A
STREET ADDRESS	N/A
CITY - ST - ZIP	N/A
TITLE	N/A
NAME	N/A
STREET ADDRESS	N/A
CITY - ST - ZIP	N/A
TITLE	N/A
NAME	N/A
STREET ADDRESS	N/A
CITY - ST - ZIP	N/A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 8/3 997-9915

Date

Signature