

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V25014

1. Entity Name
ESTATES OF NORTH LAKE, INC.



Principal Place of Business

765 E. STATE RD. 78
MOORE HAVEN, FL 33471 US

Mailing Address

765 E. STATE RD. 78
MOORE HAVEN, FL 33471 US

FILED
05 OCT 20 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0323030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, DAVID
765 E STATE ROAD 78
LOT 232 MALLARD DR
LAKEPORT, FL 33471

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PDST |
| NAME | CHAPMAN, DAVID A. |
| STREET ADDRESS | 765 E. STATE RD. 78 |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |
| TITLE | P |
| NAME | CHAPMAN, DONNA K |
| STREET ADDRESS | 765 E. STATE RD. 78 |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000060819880
10/20/05--01037--015 **550.00

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IN THIS SPACE**

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 607, 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:

David Chapman PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #