

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10294

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC3613770416**

**Entity Name:** BEAR LAKES ESTATES NORTH PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2950 SARATOGA ROAD  
WEST PALM BCH., FL 33409

**Current Mailing Address:**

PO BOX 220656  
WEST PALM BCH., FL 33422-0656 US

**FEI Number: 59-2739447**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CATES, JOHN D.  
2615 MOHAWK CIRCLE  
WEST PALM BCH., FL 33409 US

*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

**Officer/Director Detail :**

Title PD  
Name JASSENOFF, JEROME  
Address 2730 TECUMSEH DRIVE  
City-State-Zip: WEST PALM BEACH FL 33409

Title SD  
Name STARR, DONALD J  
Address 2780 TECUMSEH DRIVE  
City-State-Zip: WEST PALM BEACH FL 33409

Title TD  
Name CATES, JOHN D  
Address 2615 MOHAWK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

*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: JOHN D. CATES

TREASURER

03/25/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date