

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17050

Entity Name: VILLAS OF BEAR LAKES ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3000 SARATOGA ROAD
WEST PALM BEACH, FL 33409**Current Mailing Address:**PO BOX 220656
WEST PALM BEACH, FL 33422-0656**FEI Number: 59-2722307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CATES, JOHN DPD
2615 MOHAWK CIRCLE
WEST PALM BEACH, 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	VPD
Name	SALANDRO, BARRY
Address	2623 MOHAWK CIR
City-State-Zip:	WEST PALM BEACH FL 33409

Title	SD
Name	SCHEELE, BRIAN C
Address	2618 MOHAWK CIR
City-State-Zip:	WEST PALM BEACH FL 33409

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

Title	DIRECTOR
Name	MERRELL, JULIA
Address	2626 MOHAWK CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	MERRELL, JULIA
Address	2626 MOHAWK CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	TD
Name	TWIFORD, BOBBY
Address	2629 MOHAWK CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	JENNINGS, BRET
Address	2616 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**PRESIDENT****03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date