

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N35321

Entity Name: LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

Current Principal Place of Business:

2 CAMINO DEL MAR
PALM COAST, FL 32137

Current Mailing Address:

POST OFFICE BOX 351493
PALM COAST, FL 32135 US

FEI Number: 59-3016585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHERN STATES MANAGEMENT GROUP, INC.
2 CAMINO DEL MAR
PALM COAST, FL 32137 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 WALKER, EDWARD
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

Title SD
Name ELDRIDGE, PATRICIA
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

Title D
Name LEIZ, ARTHUR
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

Title VPD
Name ROMERO, ROBIN
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

Title DT
Name VONSOOSTEN, SHARON L
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

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: EDWARD WALKER

PRESIDENT

10/24/2013

Electronic Signature of Signing Officer/Director Detail

Date