

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07919 (6)
1. Corporation Name
NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
WINTER PARK, FLORIDA SYSTEMS
32792-4527ER BLVD
ALTAMONTE SPGS FL 32714
US

Mailing Address
C/O OFFICE SUPPORT SYSTEMS
P O BOX 300157
FERN PARK FL 32730-0157
US

3. Date Incorporated or Qualified 03/01/1985
3a. Date of Last Report 05/01/1995
4. FEI Number 59-2542961
Applied For
Not Applicable
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

2. Principal Place of Business
21 c/o Office Support Systems
Suite, Apt. #, etc.
22 753 S. Ranger Blvd.
City & State
23 Winter Park, Florida
Zip
24 32792-4527
Country
25 USA
2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
FERRARA, WILLIAM G
C/O OFFICE SUPPORT SYSTEMS
753 SOUTH RANGER BLVD
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LAKE, ROBERT J	1.2 NAME	
STREET ADDRESS	1708 NORTHLAKE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	1.4 CITY - ST - ZIP	32773
TITLE	D	2.1 TITLE	
NAME	NEWMAN, LINDA	2.2 NAME	
STREET ADDRESS	101 NORTHLAKE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	2.4 CITY - ST - ZIP	32773
TITLE	STD	3.1 TITLE	
NAME	FERRARA, ELIZABETH	3.2 NAME	D'Alessandro, Ralph
STREET ADDRESS	203 NORTHLAKE DRIVE	3.3 STREET ADDRESS	2346 Park Village Place
CITY - ST - ZIP	SANFORD FL	3.4 CITY - ST - ZIP	Apopka, Florida 32703
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	300001923995
STREET ADDRESS		6.3 STREET ADDRESS	-08/16/96--01012--044
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William G. Ferrara
Agent J.R. Lake

6-12-96
Date

(409) 321-2042
(407) 678-6085
05/16/96 0003577
Daytime Phone #

CR2E037 (3/96)