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**Feb 25, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N07919**

1. Corporation Name  
**NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
C/O OFFICE SUPPORT SYSTEMS 753 S. RANGER BLVD WINTER PARK FL 32792-4527 US	C/O OFFICE SUPPORT SYSTEMS P O BOX 300157 FERN PARK FL 32730-0157 US



2. Principal Place of Business 21 <b>Attwood Phillips, Inc.</b> Suite, Apt. #, etc., <b>1350 Orange Ave</b> <b>100 Suite 100</b>	2a. Mailing Address 26 <b>P.O. Box 1208</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>03/01/1985</b>
22 <b>Winter Park, FL</b>	27 <b>Winter Park FL</b>	4. FEI Number <b>59-2542961</b>
23 <b>32789</b> <b>USA</b>	29 <b>32789</b> <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>32789</b> 25 <b>USA</b> 29 <b>32789</b> 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>FERRARA, WILLIAM G</b> C/O OFFICE SUPPORT SYSTEMS 753 SOUTH RANGER BLVD WINTER PARK FL 32792	10. Name and Address of New Registered Agent 81 Name <b>Attwood Phillips, Inc</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1350 Orange Ave, Suite 100</b> 83 84 City <b>Winter Park FL</b> 85 Zip Code <b>32789</b>
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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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *William G Ferrara* **1/12/99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LAKE, J R</b> <b>1708 NORTHLAKE DR</b> <b>SANFORD FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D</b> <b>Andrews, John</b> <b>202 Northlake Drive</b> <b>Sanford, FL 32773</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NEWMAN, LINDA</b> <b>101 NORTHLAKE DR</b> <b>SANFORD FL 32773</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D/V</b> <b>Armando Sanchez</b> <b>805 Northlake Dr.</b> <b>SANFORD FL 32773</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ANDREWS, J</b> <b>202 NORTHLAKE DR</b> <b>SANFORD FL 32773</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D/S/T</b> <b>Jaquelyn Smith</b> <b>1304 Northlake Dr.</b> <b>Sanford, FL 32773</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WECHTER, P</b> <b>808 NORTHLAKE DR</b> <b>SANFORD FL 32773</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <b>Diane Almqvist</b> <b>905 Northlake Dr</b> <b>SANFORD FL 32773</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBER, W</b> <b>608 NORTHLAKE DR</b> <b>SANFORD FL 32773</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>James Boyner</b> <b>2532 Northlake Dr</b> <b>SANFORD, FL 32773</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *John M Andrews* **1-12-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)