

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90100 005 ****61.25

DOCUMENT # N07919

1. Entity Name

NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ATTWOOD PHILLIPS, INC.
 1350 ORANGE AVE. SUITE 100
 WINTER PARK FL 32789
 US

PO BOX 1208
 WINTER PARK FL 32790-1208
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Presidential Group South, Inc.
 Suite, Apt. #, etc. 135 W. Pineview St.

Presidential Group South, Inc.
 Suite, Apt. #, etc. 135 W. Pineview St.

City & State ALTAMONTE, FL

City & State ALTAMONTE SPRINGS, FL

4. FEI Number 59-2542961

Applied For
 Not Applicable

Zip 32714 Country US

Country US

Zip 32714 Country US

Country US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTWOOD PHILLIPS, INC.
 1350 ORANGE AVE
 SUITE 100
 WINTER PARK FL 32789

Name Presidential Group South, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 135 W. Pineview St.
 City ALTAMONTE SPRINGS FL Zip Code 32714

8. 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 *[Signature]* President (Presidential Group South) 3/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREWS, JOHN	
STREET ADDRESS	202 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ARMANDO	
STREET ADDRESS	805 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, J	
STREET ADDRESS	202 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JACQUELYN	
STREET ADDRESS	1304 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMQUIST, DIANE	
STREET ADDRESS	905 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	POYNER, JAMES	
STREET ADDRESS	25312 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Evelyn	
STREET ADDRESS	25212 Northlake Drive	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Balcom, Stacy	
STREET ADDRESS	2106 Northlake Drive	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Andrewc 3/24/00 407 330-3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD09037 (0/00)