

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90031 037 ****61.25

DOCUMENT # N07919

1. Entity Name
 NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 1633 E. VINE STREET
 STE. 110
 KISSIMMEE, FL 34744 US

Mailing Address
 1633 E. VINE STREET
 STE. 110
 KISSIMMEE, FL 34744 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2542961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LELAND MANAGEMENT
 1633 E. VINE STREET
 STE. 110
 KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name: Leland Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable): C/O Rebecca Fuller
1633 E Vine Street Ste 110
 City: Kissimmee FL Zip Code: 34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rebecca Fuller (Signature, typed or printed name of registered agent and title if applicable.)
 (NOTE: Registered Agent signature required when reinstating.)
 DATE: 4/1/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: WALDEN, PATRICIA STREET ADDRESS: 701 WINDWILLOW CIR. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE: TD NAME: POYNOR, JAMES STREET ADDRESS: 25312 NORTHLAKE DRIVE CITY-ST-ZIP: SANFORD, FL 32773	<input type="checkbox"/> Delete
TITLE: PD NAME: LACROIX, GERRY STREET ADDRESS: P.O. BOX 91 CITY-ST-ZIP: POWNEL, VT 05261	<input type="checkbox"/> Delete
TITLE: TD NAME: BALCOM, STACY STREET ADDRESS: 2106 NORTHLAKE DR. CITY-ST-ZIP: SANFORD, FL 32773	<input type="checkbox"/> Delete
TITLE: D NAME: NUSSBAUM, ARNIE STREET ADDRESS: 687 ANDOVER CR. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Secretary NAME: Walden, Patricia STREET ADDRESS: 701 Windwillow Cir CITY-ST-ZIP: Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President NAME: Roynor, James STREET ADDRESS: PO Box 950248 CITY-ST-ZIP: Lake Mary, FL 32795-0248	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President NAME: Smith, Jacqui STREET ADDRESS: 1304 Northlake Dr CITY-ST-ZIP: Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary NAME: Balcom, Stacy STREET ADDRESS: 2106 Northlake Dr CITY-ST-ZIP: Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Lacroix, Gerald STREET ADDRESS: PO Box 91 CITY-ST-ZIP: Pownal, VT 05261	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

RUN DATE: 3/21/04
RUN TIME: 7:59 PM

Northlake Village Community Assoc., Inc.
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/21/04

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NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
CLASS: PRESIDENT				
James L. Poynor Jr. PO BOX 950248 Lake Mary FL 32795-0248	President		407-323-7803 386-532-8326	February 2004
CLASS: VICE PRESIDENT				
Jacqui Smith 1304 Northlake Drive Sanford FL 32773	Vice President			February 2005
CLASS: SECRETARY				
Patricia Walden 701 Windwillow Circle Winter Springs FL 32708-4152	Secretary	407-869-8288 407-869-6488	407-696-2797	February 2005
CLASS: TREASURER				
Stacy Balcom 2106 Northlake Drive Sanford FL 32773	Secretary		407-323-2822	February 2005
CLASS: DIRECTOR				
Gerald Lacroix PO BOX 91 Pownal VT 05261	Board Member	518-686-4029 802-826-5514	386-532-8326	February 2005

-- End of report --