


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90091 015 ****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 8009 S. Orange Ave Suite, Apt. #, etc.		3. Mailing Address 8009 S. Orange Ave Suite, Apt. #, etc.
City & State Orlando FL		City & State Orlando FL
Zip 32809	Country USA	Zip 32809
		Country USA

50011187



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2542961		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LELAND MANAGEMENT C/O REBECCA FULLER 1633 E VINE STREET STE 110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8009 S. Orange Ave City Orlando FL Zip Code 32809	
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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

Filing Fee is \$61.25 Due by May 1, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALDEN, PATRICIA 701 WINDWILLOW CIR. WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POYNER, JAMES PO BOX 950248 LAKE MARY, FL 327950248 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JP Shofar, Karen 603 Northlake Drive Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACROIX, GERRY P.O. BOX 91 POWNEE, VT 05261 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hazelkamp, Kathleen 1904 Northlake Drive Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALCOM, STACY 2106 NORTHLAKE DR. SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Balcom, Stacy 2106 Northlake Drive Sanford, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSSBAUM, ARNIE 687 ANDOVER CR. WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JACQUI 1304 NORTHLAKE DR SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, Jacqui 1304 Northlake Drive Sanford, FL 32773 <input checked="" 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: *Jacquelyn Patricia Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #