

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 12, 2006
Secretary of State**

DOCUMENT# N07919

Entity Name: NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**8009 S. ORANGE AVE
ORLANDO, FL 32809 US**New Principal Place of Business:**225 S. WESTMONTE DRIVE
3310
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**8009 S. ORANGE AVE
ORLANDO, FL 32809 US**New Mailing Address:**P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2542961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
3310
ALTAMONTE SPRINGS, FL 32714 US

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: ELLEN R. WOMACK

09/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: SHOFTER, KAREN
Address: 603 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773Title: S () Delete
Name: HAZAKAMP, KATHLEEN
Address: 1904 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773Title: VP () Delete
Name: SMITH, DOUGLAS
Address: 1707 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773Title: D () Delete
Name: SMITH, JACQUELYN
Address: 9707 VOYLES LOOP
City-St-Zip: POLK CITY, FL 33868Title: P () Delete
Name: FERNANDEZ-FOX, ROBERTA M
Address: 2201 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN R. WOMACK

A

09/12/2006

Electronic Signature of Signing Officer or Director

Date