

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07919

FILED
Apr 28, 2008
Secretary of State

Entity Name: NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-2542961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZIER, JONATHAN
Address: 1005 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: HAZAKAMP, KATHLEEN
Address: 1904 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: VP/T () Delete
Name: SMITH, DOUGLAS
Address: 1707 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: HUTCHINS, PAUL
Address: 1203 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: P () Delete
Name: FOX, BOBBI 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 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: BOBBI M. FOX

P

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date