

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90404 017 ****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

4. FEI Number **59-2542961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, EVELYN	
STREET ADDRESS	25212 NORTHLAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POYNER, JAMES	
STREET ADDRESS	25312 NORTHLAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LACROIX, GERRY	
STREET ADDRESS	P.O. BOX 91	
CITY-ST-ZIP	POWNEL VT 05261	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALMQUIST, DIANE	
STREET ADDRESS	905 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUSSBAUM, ARNIE	
STREET ADDRESS	687 ANDOVER CR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Walden	
STREET ADDRESS	701 Windwillow Cir	
CITY-ST-ZIP	Winter Spgs., FL 32708	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacy Balcom	
STREET ADDRESS	2104 Northlake Dr.	
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 to an address, with all other like empowered.

SIGNATURE:

Signature of Evelyn Morris

Pres.

4/28/03

407-321-6153

CR2E037 (10/02)