

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**-APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07921** (2)

NORTHLAKE VILLAGE I CONDOMINIUM ASSOCIATION, INC

Principal Place of Business: **C/O PRESIDENTIAL GROUP SOUTH, 885 DOUGLAS AVE, ALTAMONTE SPRGS FL 32714, US**
Mailing Address: **C/O PRESIDENTIAL GRP SOUTH, 885 DOUGLAS AVENUE, ALTAMONTE SPRGS FL 32714, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/01/1985**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **59-2542948**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
6. Election Campaign Financing: **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3): **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 c/o Office Support Systems, Suite, Apt #, etc: 753 S. Ranger Blvd., City & State: Winter Park, Florida, Zip: 32792-4527, U.S.A.**
2b. Mailing Address: **26 c/o Office Support Systems, Suite, Apt #, etc: Post Office Box 300157, City & State: Fern Park, Florida, Zip: 32730-0157, U.S.A.**

9. Name and Address of Current Registered Agent: **GUADAGNINO, TONY, C/O PRESIDENTIAL GROUP SOUTH, INC, 885 DOUGLAS AVE, ALTAMONTE SPGS FL 32714**

10. Name and Address of New Registered Agent: **81 Name: William G. Ferrara, 82 Street Address: c/o Office Support Systems, 83 753 South Ranger Boulevard, 84 City: Winter Park, FL, 85 Zip Code: 32792-4527**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: William G. Ferrara (Signature typed or printed name of registered agent and title, if applicable) William G. Ferrara (Signature typed or printed name of registered agent and title, if applicable) April 24, 1995 (Date)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CLARK, THOMAS
STREET ADDRESS	1007 NORTHLAKE DRIVE
CITY, ST, ZIP	SANFORD FL
TITLE	STD
NAME	COSSABOOM, ROGER
STREET ADDRESS	144 LAKESIDE CIRCLE
CITY, ST, ZIP	SANFORD FL
TITLE	D
NAME	BOYTON, FLORENCE
STREET ADDRESS	1003 NORTHLAKE DRIVE
CITY, ST, ZIP	SANFORD FL
TITLE	DP
NAME	BRADLEY, JACKIE
STREET ADDRESS	1004 NORTHLAKE DRIVE
CITY, ST, ZIP	SANFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ms. Lynda Bogy	
1.3 STREET ADDRESS	1004 Northlake Drive	
1.4 CITY, ST, ZIP	Sanford, Florida 32773	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roger Cossaboom	
2.3 STREET ADDRESS	144 Lakeside Circle	
2.4 CITY, ST, ZIP	Sanford, Florida 32773	
3.1 TITLE	TS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ms Florence Boyton	
3.3 STREET ADDRESS	1003 Northlake Drive	
3.4 CITY, ST, ZIP	Sanford, Florida 32773	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William G. Ferrara (Signature typed or printed name of signing officer or director) April 24, 1995 (Date) 407-678-6085 (Telephone Number)