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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07921

1. Corporation Name

NORTHLAKE VILLAGE I CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

333 N. FERNCREEK AVE
 ORLANDO, FL 32803
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 c/o STAIRS PROPERTY MGMT

26 c/o STAIRS PROPERTY MGMT

03/01/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 101 W. FIRST ST

27 P O BOX 1892

59-2542948

Not Applicable

City & State

City & State

5...Certificate of Status Desired

\$8.75 Additional Fee Required

23 SANFORD, FL

28 SANFORD, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

Zip Country

24 32771

25 USA

29 32772

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, KEN
 333 N. FERNCREEK AVE
 ORLANDO, FL 32803

81 Name

KELLY STAIRS

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

c/o STAIRS PROPERTY MGMT AND REALTY

83

101 W. FIRST ST

84 City

SANFORD

FL

85 Zip Code 32771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kelly Stairs

4/19/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME BEGY, LYNDA M
 STREET ADDRESS 1004 NORTHLAKE DRIVE
 CITY-ST-ZIP SANFORD, FL

1.1 TITLE PD Change Addition
 1.2 NAME DOTSON, WILLIAM
 1.3 STREET ADDRESS 1407 NORTHLAKE DR.
 1.4 CITY-ST-ZIP SANFORD, FL 32773

TITLE TSD DELETE
 NAME HIGHTSHOE, VICKI
 STREET ADDRESS 1004 NORTHLAKE DR.
 CITY-ST-ZIP SANFORD, FL US

2.1 TITLE VPD Change Addition
 2.2 NAME O'CONNELL, RHONA
 2.3 STREET ADDRESS 1405 NORTHLAKE DR.
 2.4 CITY-ST-ZIP SANFORD, FL 32773

TITLE VPD DELETE
 NAME VANICEK, VERA
 STREET ADDRESS 1106 NORTHLAKE DR.
 CITY-ST-ZIP SANFORD, FL 32771 US

3.1 TITLE TSD Change Addition
 3.2 NAME MASON, ROBERT
 3.3 STREET ADDRESS 1104 NORTHLAKE DR.
 3.4 CITY-ST-ZIP SANFORD, FL 32773

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

William Dotson

William Dotson, Pres.

4-15-99

407-323-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)