

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 8: 59

DOCUMENT # **N09230** (6)
1. Corporation Name
NORTHLAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% PRESIDENTIAL GROUP S
885 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714
US

PRESIDENTIAL GROUP S
885 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1985** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-2542938** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
135 West Pineview Street **135 West Pineview Street**

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

GUADAGNINO, TONY
% PRESIDENTIAL GROUP S
885 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
135 West Pineview Street
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, ELISA	1 2 NAME	JACQUE SMITH
STREET ADDRESS	908 NORTHLAKE DR.	1 3 STREET ADDRESS	1304 Northlake Drive
CITY - ST - ZIP	SANFORD FL	1 4 CITY - ST - ZIP	Sanford, Florida 32773
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSAIRT, DEBBIE S	2 2 NAME	
STREET ADDRESS	905 NORTHLAKE DR.	2 3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	2 4 CITY - ST - ZIP	32773
TITLE	STD	3 1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACQUE	3 2 NAME	BARBARA RIDDLE
STREET ADDRESS	1304 NORTHLAKE DRIVE	3 3 STREET ADDRESS	1302 Northlake Drive
CITY - ST - ZIP	SANFORD FL	3 4 CITY - ST - ZIP	Sanford, Florida 32773
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Debbie Cossairt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO9230
PGS

PRESIDENTIAL GROUP SOUTH, INC.

Property Management • Leasing • Residential • Commercial

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32303-1500

June 6, 1995

SUBJECT: NORTHLAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.
REF. NUMBER: NO9230

In reference to your letter dated May 11, 1995 please be advised that there are three directors listed. Please look at the form again. The Directors are as follows:

VD JACQUE SMITH
1304 NORTHLAKE DRIVE
SANFORD, FLORIDA 32773

PD DEBBIE COSSAIRT
905 NORTHLAKE DRIVE
SANFORD, FLORIDA 32773

STD BARBARA RIDDLE
1302 NORTHLAKE DRIVE
SANFORD, FLORIDA 32773

Please do not hesitate to contact us if you have any questions.

Debbie Cossairt
(407) 321-7663

135 W. Pineview St.
Allamonte Springs, FL 32714
(407) 682-3355 / Fax (407) 682-1956

300 S. Volusia Ave
Orange City, FL 32763
(904) 775-2900