

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09230 (6)

1. Corporation Name

NORTHLAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~% PRESIDENTIAL GROUP S
135 WEST PINEVIEW ST
ALTAMONTE SPRINGS FL 32714
US~~

~~PRESIDENTIAL GROUP S
135 WEST PINEVIEW ST
ALTAMONTE SPRINGS FL 32714
US~~

3. Date Incorporated or Qualified
05/10/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~c/o Office Support Systems~~

26 ~~c/o Office Support Systems~~

4. FEI Number
59-2542938

Applied For
Not Applicable

22 ~~753 S. Ranger Blvd.~~

27 ~~Post Office Box 300157~~

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

23 ~~Winter Park, FL~~

28 ~~Fern Park, FL~~

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

24 ~~32792-4527~~

25 ~~US~~

29 ~~32730-0157~~

30 ~~US~~

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~QUADAGNINO, TONY
% PRESIDENTIAL GROUP S
135 WEST PINEVIEW ST
ALTAMONTE SPRINGS FL 32714~~

81 Name **Ferrara, William G.**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Office Support Systems
83 **753 S. Ranger Blvd**
84 City **Winter Park** FL 85 Zip Code **32792-4527**

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 William G. Ferrara William G. Ferrara June 14, 1996
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACQUE	1.2 NAME	Smith, Jacqui
STREET ADDRESS	1304 NORTHLAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	32773
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSSAIRT, DEBBIE S	2.2 NAME	Williams, Robert
STREET ADDRESS	905 NORTHLAKE DR.	2.3 STREET ADDRESS	1301 Northlake Drive
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Sanford, Florida 32773
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, BARBARA	3.2 NAME	
STREET ADDRESS	1302 NORTHLAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	32773
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	700001930887 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-08/23/96--01011--018
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
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 119.07(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: William G. Ferrara Jacqui Smith June 14, 1996 (407) 778-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Defermo Phone #

CR2E037 (12/95)