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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09230 (6)
1. Corporation Name
NORTHLAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O OFFICE SUPPORT SYSTEMS 753 S. RANGER BLVD. WINTER PARK FL 32792-4527 US	Mailing Address C/O OFFICE SUPPORT SYSTEMS PO BOX 300157 FERN PARK FL 32730-0157 US
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3. Date Incorporated or Qualified 05/10/1985
4. FEI Number 59-2542938
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 % Stairs Property Mgmt Suite, Apt. #, etc. 22 101 W. First St City & State 23 Sanford, FL Zip 24 32771	2a. Mailing Address 26 % Stairs Property Mgmt Suite, Apt. #, etc. 27 P.O. Box 1892 City & State 28 Sanford, FL Zip 29 32772
Country 25 USA	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FERRARA, WILLIAM G
C/O OFFICE SUPPORT SYSTEMS
753 S. RANGER BLVD.
WINTER PARK FL 32792-4527**

10. Name and Address of New Registered Agent

81 Name Helen L. Stairs
82 Street Address (P.O. Box Number is Not Acceptable) % Stairs Property Mgmt + Realty
83 101 W. First Street
84 City Sanford
85 Zip Code FL 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 **Helen L. Stairs** *Helen L. Stairs* 4/23/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JACQUI 1304 NORTHLAKE DR SANFORD FL 32773	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, ROBERT 1301 NORTHLAKE DR SANFORD FL 32773	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIDDLE, BARBARA 1302 NORTHLAKE DR SANFORD FL 32773	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STD Almquist, Diane 905 Northlake DR Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Jacqui Smith** *Jacqui Smith* 4/23/98 407-323-7322

CR2E037 (10/97)