

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90084 019 ****61.25

DOCUMENT # N09230

1. Entity Name

NORTHLAKE VILLAGE II CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

C/O PRESIDENTIAL GROUP SOUTH
 135 W PINEVIEW ST
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

C/O PRESIDENTIAL GROUP SOUTH
 135 W PINEVIEW ST
 ALTAMONTE SPRINGS FL 32714
 US

2. Principal Place of Business

C/o Leland Mgmt.
 Suite, Apt. #, etc.
1633 E. Vine St #110
 City & State
Kissimmee FL

3. Mailing Address

C/o Leland Mgmt.
 Suite, Apt. #, etc.
1633 E. Vine St #110
 City & State
Kissimmee FL



DO NOT WRITE IN THIS SPACE

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number

59-2542938

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUADAGNIMO, ANTHONY F.
 C/O PRESIDENTIAL GROUP SOUTH
 135 W PINEVIEW ST
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **Rebecca Furlow**

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

C/o Leland Mgmt
1633 E. Vine St, #110

City **Kissimmee**

FL

Zip Code

34744

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rebecca Furlow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	ALMQUIST, DIANE	
STREET ADDRESS	905 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	1301 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, LEONARD	
STREET ADDRESS	1304 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca Furlow
 President N/V Village II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)