

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N12733 (4)**  
 1. Corporation Name  
**NORTHLAKE VILLAGE V CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**C/O OFFICE SUPPORT SYSTEMS 753 S. RANGER BLVD. WINTER PARK FL 32792-4527 US**  
**C/O OFFICE SUPPORT SYSTEMS POST OFFICE BOX 300157 FERN PARK FL 32730-0157 US**

3. Date Incorporated or Qualified **12/23/1985** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **59-2615643** 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**  
 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.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

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

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROCK, SYDNEY</b>                                 | 1.2 NAME  | <b>Brock, Sidney</b>   |
| STREET ADDRESS             | <b>701 NORTHLAKE DRIVE</b>                           | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SANFORD FL</b>                                    | 1.4 CITY-ST-ZIP                                       | <b>32773</b>   |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>COTA, FRANCIS J JR.</b>                           | 2.2 NAME  | <b>Costello, Janice</b>  |
| STREET ADDRESS             | <b>706 NORTHLAKE DRIVE</b>                           | 2.3 STREET ADDRESS                                    | <b>805 Northlake Drive</b>   |
| CITY-ST-ZIP                | <b>SANFORD FL</b>                                    | 2.4 CITY-ST-ZIP                                       | <b>Sanford, FL 32773</b>   |
| TITLE                      | <b>STD</b> <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOKTOR, MS. ANITA</b>                             | 3.2 NAME  | <b>Doktor, Anita</b>   |
| STREET ADDRESS             | <b>704 NORTHLAKE DRIVE</b>                           | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SANFORD FL</b>                                    | 3.4 CITY-ST-ZIP                                       | <b>32773</b>   |
| 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   | <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                                       |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Brock, Sidney</b>   |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    | <b>32773</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Costello, Janice</b>  |
| 2.3 STREET ADDRESS | <b>805 Northlake Drive</b>   |
| 2.4 CITY-ST-ZIP    | <b>Sanford, FL 32773</b>   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Doktor, Anita</b>   |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    | <b>32773</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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 **SIGNATURE REQUIRED** Date 6/12/96 (407) 678-6085 Daytime Phone #  
 Signature and typed or printed name of signing officer or director

CR2E037 (3/96)