

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90035 034 \*\*\*\*61.25

**DOCUMENT # N12733**

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2615643**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRARA, WILLIAM G  
 C/O OFFICE SUPPORT SYSTEMS  
 753 SOUTH RANGER BLVD.  
 WINTER PARK FL 32792**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 *William G Ferrara*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ARMANDO	
STREET ADDRESS	805 NORTHLAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773-6100	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WECHTER, MS. PATRICIA	
STREET ADDRESS	808 NORTHLAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773-6100	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HALSTEAD, IRENE	
STREET ADDRESS	803 NORTHLAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773-6100	
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		

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Wilson, Kerry		
STREET ADDRESS	708 Northlake Drive		
CITY-ST-ZIP	Sanford, FL 32773-6191		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lamberth, Anita		
STREET ADDRESS	805 Northlake Drive		
CITY-ST-ZIP	Sanford, FL 32773-6100		
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			

CF2E037 (9/99)

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: *M. Patricia Wechter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Patricia Wechter 2/07/2000  
 Date Daytime Phone # 407-324-2782