


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 015 ****61.25

DOCUMENT # N12733	
1. Entity Name NORTHLAKE VILLAGE V CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O OFFICE SUPPORT SYSTEMS 753 S. RANGER BLVD. WINTER PARK, FL 32792-4527 US	Mailing Address PO BOX 5717 WINTER PARK, FL 32793-5717 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2615643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, KERRY 708 NORTHLAKE DR SANFORD, FL 327736191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WECHTER, MS. PATRICIA 808 NORTHLAKE DRIVE SANFORD, FL 327736100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. LAMBERTH, ANITA 805 NORTHLAKE DR SANFORD, FL 327736100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 M. PATRICIA WECHTER 2-5-05 407-678-6085-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #