

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12733

FILED
May 09, 2009
Secretary of State

Entity Name: NORTHLAKE VILLAGE V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O OSS ASSOCIATION MANAGEMENT, INC.
753 S. RANGER BLVD.
WINTER PARK, FL 327924527 US

New Principal Place of Business:

C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BLVD.
WINTER PARK, FL 327924527 US

Current Mailing Address:

C/O OSS ASSOCIATION MANAGEMENT, INC.
POST OFFICE BOX 5717
WINTER PARK, FL 327935717 US

New Mailing Address:

FEI Number: 59-2615643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BLVD.
WINTER PARK, FL 327924527 US

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HALSTEAD, RALPH
Address: 803 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736100 US

Title: PD () Delete
Name: POSNER, RHONDA L
Address: 804 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736100

Title: STD () Delete
Name: GONZALEZ, RAFAEL
Address: 707 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736191

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: POSNER, RHONDA L
Address: 804 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736100 US

Title: STD (X) Change () Addition
Name: WECHTER, CHRISTOPHER
Address: 808 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736100 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA L. POSNER

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05/09/2009

Electronic Signature of Signing Officer or Director

_____ Date