

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

0096113

05-01-2003 90769 014 ****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
P O BOX 935717
WINTER PARK FL 32793-5717
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2615643** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name _____

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

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, KERRY	
STREET ADDRESS	708 NORTHLAKE DR	
CITY-ST-ZIP	SANFORD FL 32773-6191	
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 type="checkbox"/> Delete
NAME	LAMBERTH, ANITA	
STREET ADDRESS	805 NORTHLAKE DR	
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		

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		
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		

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* **04-25-03** **407-678-6085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)