

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2000 90035 033 ****61.25

DOCUMENT # N20053

1. Entity Name

NORTHLAKE VILLAGE VII 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 300157
 FERN PARK FL 32730-0157
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2864660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 S RANGER BLVD.
 WINTER PARK FL 32762**

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.

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** Delete
 NAME **ESHLIMAN, G**
 STREET ADDRESS **1507 NORTHLAKE DR**
 CITY-ST-ZIP **SANFORD FL 32773-6178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **LAKE, J. ROBERT**
 STREET ADDRESS **1708 NORTHLAKE DR.**
 CITY-ST-ZIP **SANFORD FL 32773-6177**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **LAKE, CARYL**
 STREET ADDRESS **1708 NORTHLAKE DRIVE**
 CITY-ST-ZIP **SANFORD FL 32773-6177**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Robert Lake
SIGNATURE REQUIRED Robert Lake
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE, OR DIRECTOR

2/01/00

407-321-2042

Date

Daytime Phone #

CR2E037 (9/99)