2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20053

1. Entity Name

NORTHLAKE VILLAGE VII CONDOMINIUM ASSOCIATION, I NC.

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

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 59-2864660   Applied For / Not Applicable

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 S RANGER BLVD.
WINTER PARK FL 32762

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.

SIGNATURE _____

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	VD	ESHLIMAN, G	1803 NORTHLAKE DRIVE	SANFORD FL 32773-6708	☐					☐	☐
	PD	LAKE, J. ROBERT	1708 NORTHLAKE DR.	SANFORD FL 32773-6177	☐					☐	☐
	STD	LAKE, CARYL	1708 NORTHLAKE DRIVE	SANFORD FL 32773-6177	☐					☐	☐
					☐					☐	☐
					☐					☐	☐
					☐					☐	☐

CR2E037 (9/01)

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: _J.G. Ferrere RA CR Robert Lake_   4/01/2001   407-678-6085

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