

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-25-2005 90301 013 \*\*\*\*61.25

**DOCUMENT # N20053**

1. Entity Name  
**NORTHLAKE VILLAGE VII CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O OFFICE SUPPORT SYSTEMS  
753 S RANGER BLVD.  
WINTER PARK, FL 32792-4527 US**

Mailing Address  
**C/O OFFICE SUPPORT SYSTEMS  
P.O. BOX 5717  
WINTER PARK, FL 32793-5717 US**

**50043438**



02032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 PD  
NAME LAKE, J. ROBERT  
STREET ADDRESS 1708 NORTHLAKE DR.  
CITY-ST-ZIP SANFORD, FL 327736177

TITLE STD  
NAME LAKE, CARYL  
STREET ADDRESS 1708 NORTHLAKE DRIVE  
CITY-ST-ZIP SANFORD, FL 327736177

TITLE VD  
NAME SMITH, DOUGLAS A  
STREET ADDRESS 1707 NORTHLAKE DR  
CITY-ST-ZIP SANFORD, FL 327736177

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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IN THIS SPACE**

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. Robert Lake*  
**J. ROBERT LAKE**

Date

Daytime Phone #

**2/5/05 407-678-6085**