

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:25

DOCUMENT # N32595 (3)

1. Corporation Name
NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 2104 NORTHLAKE DR APT 2104 SANFORD FL 32773	Mailing Address 2004 2104 NORTHLAKE DR APT 2104 2004 SANFORD FL 32773
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/31/1989	3a. Date of Last Report 02/28/1994
4. FEI Number 59-2959082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 19B.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 2004 NORTHLAKE DR	2a. Mailing Address 2004 NORTHLAKE DR
22. Suite, Apt. #, etc. 2004	27. Suite, Apt. #, etc. 2004
23. City & State SANFORD FL	28. City & State SANFORD FL
24. Zip 32773	25. Country Seminole
29. Zip 32773	30. Country Seminole

9. Name and Address of Current Registered Agent

JOHNSON ELEANOR
2104 NORTHLAKE DRIVE
165 WEST S.R. 434
SANFORD FL 32773

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and State of residence) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELEANOR	1.2 NAME	
STREET ADDRESS	2104 NORTHLAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALCOM, STACEY	2.2 NAME	
STREET ADDRESS	2108 NORTHLAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, CAROL	3.2 NAME	
STREET ADDRESS	2003 NORTHLAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, EARL C NO LONGER SERVES	4.2 NAME	
STREET ADDRESS	2102 NORTHLAKE DRIVE	4.3 STREET ADDRESS	NO LONGER SERVES
CITY-ST-ZIP	SANFORD FL 32773	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY GONG	5.2 NAME	
STREET ADDRESS	2004 NORTHLAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32773	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: X *Gary Gong* **3-01-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Printed)