SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)N32595 **DOCUMENT #** NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC Mailing Address Principal Place of Business 2004 NORTHLAKE DR 2004 NORTHLAKE DR 42004 SANFORD EL 32773 SANFORD EL 32773 3a. Date of Last Report 03/28/1995 3. Date Incorporated or Qualified 05/31/1989 ÚS 4. FEI Number 59-2959082 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable c/o Office Support Systems 26 c/o Office Support Systems Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 753 S. Ranger Blvd 300157 City & State 6. Etection Campaign Financing \$5.00 May Be City & State Winter Park, FL Fern Park, Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Zin NS US Yes No 32792-4527 29 32730-0157 Florida Statutes 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name William Ferrara, William G.
Street Address (P.O. Box Number is Not Acceptable)
2/0 Office Support Systems Johnsón Eleanor 2104 NORTHLAKE DRÎVE 165 WEST S.B. 434 8.3 Ranger Blud SANFORD FL 32773 Zip Code Winter Park 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes Signature, typed or printed name of registered agent and title if applicables William G. Ferrara Property Manager INDTE Registered Agent agnalure required when refistaling) SIGNATURE (3/36) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change 1.1 TITLE D TITLE Johnson, Eleanor CR2E037 12 NAME NAME 2104 NORTHLAKE DRIVE Pers STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL 32773 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE Cayll, Katherine BALCOM, STACEY 22 NAME NAME 2101 Northlake Drive 2106 NORTHLAKE DR 2.3 STREET ADDRESS STREET ADDRESS Sanford, FL 32773 SANFORD FL 32773 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ★ Addition 3.1 TITLE TITLE KELLEY, CAROL Jacoby, Caroline. 3.2 NAME NAME 1901 Northlake Drive 2003 NORTHLAKE DRIVE 3.3 STREET ADDRESS STREET ADDRESS SANFORD FL Sanford, FL 32773 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE GANG, GARY 4.2 NAME NAME 2004 NORTHLAKE DR 4.3 STREET ADDRESS STREET ADDRESS SANFORD FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TIFLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME ***61.25 **6.3 STREET ADDRESS** STREET ADDRESS 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 119 07(3)(k). 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 or Block 13 if changed or on an attachment with as address.

330 – 1523 SIGNATURE:

Eleanor R. Johnson

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