


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N32595 (3)**  
1. Corporation Name  
**NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**C/O OFFICE SUPPORT SYSTEMS  
753 S. RANGER BLVD  
WINTER PARK FL 32730-4527  
US**

**C/O OFFICE SUPPORT SYSTEMS  
P.O. BOX 300157  
FERN PARK FL 32730-0157**

3. Date Incorporated or Qualified  
**05/31/1989**

4. FEI Number **59-2959082** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**FERRARA, WILLIAM G  
C/O OFFICE SUPPORT SYSTEMS  
753 S. RANGER BLVD.  
WINTER PARK FL 32792-4527**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, ELEANOR</b>
STREET ADDRESS	<b>2104 NORTHLAKE DRIVE</b>
CITY-ST-ZIP	<b>SANFORD FL 32773</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CAYLL, KATHERINE</b>
STREET ADDRESS	<b>2101 NORTHLAKE DR</b>
CITY-ST-ZIP	<b>SANFORD FL 32773</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JACOBY, CAROLINE</b>
STREET ADDRESS	<b>1901 NORTHLAKE DRIVE</b>
CITY-ST-ZIP	<b>SANFORD FL 32773</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Simmons, Mark</b>
1.3 STREET ADDRESS	<b>2108 Northlake Drive</b>
1.4 CITY-ST-ZIP	<b>Sanford, Florida 32773-6711</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Evans, Ronnie</b>
2.3 STREET ADDRESS	<b>1902 Northlake Drive</b>
2.4 CITY-ST-ZIP	<b>Sanford, Florida 32773-6709</b>
3.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cheatham, Sylvia</b>
3.3 STREET ADDRESS	<b>2101 Northlake Drive</b>
3.4 CITY-ST-ZIP	<b>Sanford, Florida 32773-6711</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark Simmons President 4-29-98*

CR2E037 (1097)