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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90166 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32595**

1. Corporation Name  
**NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business C/O OFFICE SUPPORT SYSTEMS 753 S. RANGER BLVD WINTER PARK FL 32730-4527 US	Mailing Address C/O OFFICE SUPPORT SYSTEMS P.O. BOX 300157 FERN PARK FL 32730-0157
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/31/1989</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2959082</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMMONS, M</b>	
STREET ADDRESS	<b>2108 NORTHLAKE DR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVANS, R</b>	
STREET ADDRESS	<b>1902 NORTHLAKE DR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHEATHAM, S</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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Balcom, Stacy</b>	
1.3 STREET ADDRESS	<b>2106 Northlake Drive</b>	
1.4 CITY-ST-ZIP	<b>Sanford, Florida 32773-6711</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Swett, Jeffrey</b>	
2.3 STREET ADDRESS	<b>2105 Northlake Drive</b>	
2.4 CITY-ST-ZIP	<b>Sanford, Florida 32773-6711</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Fishbough, Yvonne</b>	
3.3 STREET ADDRESS	<b>2003 Northlake Drive</b>	
3.4 CITY-ST-ZIP	<b>Sanford, Florida 32773-6710</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, with all other like empowered.

SIGNATURE: W. SIMMONS **SIGNATURE REQUIRED** 4/25/99 407-678-6085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)