

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90035 030 \*\*\*\*61.25

**DOCUMENT # N32595**

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2959082**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRARA, WILLIAM G  
 C/O OFFICE SUPPORT SYSTEMS  
 753 S. RANGER BLVD.  
 WINTER PARK FL 32792-4527**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  Delete  
 NAME: BALCOM, STACY  
 STREET ADDRESS: 2106 NORTHLAKE DRIVE  
 CITY-ST-ZIP: SANFORD FL 32773-6711

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  Delete  
 NAME: SWETT, JEFFREY  
 STREET ADDRESS: 2105 NORTHLAKE DRIVE  
 CITY-ST-ZIP: SANFORD FL 32773-6711

TITLE: STD  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  Delete  
 NAME: FISHBOUGH, YVONNE  
 STREET ADDRESS: 2003 NORTHLAKE DRIVE  
 CITY-ST-ZIP: SANFORD FL 32773-6710

TITLE: D  Change  Addition  
 NAME: Cheatham, Sylvia  
 STREET ADDRESS: 2101 Northlake Drive  
 CITY-ST-ZIP: Sanford, FL 32773-6711

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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: Stacy Balcom SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

407-323-2822

Date

Daytime Phone #

CR2E037 (9/99)