

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 31, 2001 8:00 am
Secretary of State

04-27-2001 90389 043 ****61.25

DOCUMENT # N32595

1. Entity Name

NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

2108 NORTHLAKE DRIVE
 SANFORD FL 32773-6711
 US

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

6170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SANFORD, FL

4. FEI Number

59-2959082

Applied For

Not Applicable

Zip

Country

Zip

Country

32773

USA

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

BALCOM, STACY M
2108 NORTHLAKE DRIVE
SANFORD FL 32773

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BALCOM, STACY 2108 NORTHLAKE DRIVE SANFORD FL 32773-6711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWETT, JEFFREY 2105 NORTHLAKE DRIVE SANFORD FL 32773-6711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEATHAM, SYLVIA 2101 NORTHLAKE DRIVE SANFORD FL 32773-6711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK CASTELLANO D 1904 NORTHLAKE DR SANFORD, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNOLD L NUSSBAUM D 687 ANKOVER CIR. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stacy M. Balcom

Date

Daytime Phone #

3/1/01 407-323-2822

CR2E037 (10/00)