

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N32595

Entity Name: NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2106 NORTHLAKE DRIVE
SANFORD, FL 327736711 US

New Principal Place of Business:

Current Mailing Address:

2106 NORTHLAKE DRIVE
SANFORD, FL 327736711 US

New Mailing Address:

FEI Number: 59-2959082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALCOM, STACY M
2106 NORTHLAKE DRIVE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALCOM, STACY
Address: 2106 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736711

Title: VPD (X) Delete
Name: CASTELLANO, MARK
Address: 1904 NORTHLAKE DR
City-St-Zip: SANFORD, FL 32773

Title: STD () Delete
Name: NUSSBAUM, ARNOLD L
Address: 687 ANDOVER CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD () Delete
Name: SWETT, JEFFREY
Address: 2105 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY BALCOM

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date