

N32595



Mr. Fred Hazekamp
1904 Northlake Dr
Sanford, FL 32773-6709

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

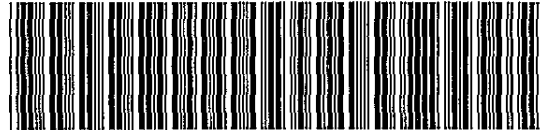
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000055521460

06/02/05--01016--006 **35.00

FILED
05 JUN -2 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRNA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : NORTHLAKE Village X Condominium Association, INC.
2. The mailing address of the corporation : _____
3. Date of incorporation/qualification: 5-31-1989 Document number: N32585

4. The name and address of the current registered agent and registered office:

STACY D. BALCOM
2106 NORTHLAKE DR
SANFORD, FL 32773

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

Rebecca Furlow
C/O LELAND MANAGEMENT INC
8009 S. ORANGE AVE
ORLANDO, FL 32809

FILED
 05 JUN -2 PM 2:27
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Kathleen Hazekamp _____ 5/28/05
 (Signature of an officer, chairman or vice chairman of the board) (Date)

KATHLEEN HAZEKAMP, Vice Pres./Secretary
 (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

X Kathleen Hazekamp _____
 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:

 (Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***