

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32595

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** NORTHLAKE VILLAGE X CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OSS ASSOCIATION MANAGEMENT, INC.  
753 SOUTH RANGER BOULEVARD  
WINTER PARK, FL 327924527 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O OSS ASSOCIATION MANAGEMENT, INC.  
POST OFFICE BOX 5717  
WINTER PARK, FL 327935717 US

**New Mailing Address:**

**FEI Number:** 59-2959082      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FERRARA, WILLIAM G  
C/O OSS ASSOCIATION MANAGEMENT, INC.  
753 SOUTH RANGER BOULEVARD  
WINTER PARK, FL 327935717 US

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: STD  
Name: TRIMMER, MAUREEN P  
Address: 1902 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736709 US

Title: VD  
Name: SWETT, JEFFREY D  
Address: 2105 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736711 US

Title: PD  
Name: HAZEKAMP, KATHLEEN  
Address: 1904 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736709 US

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN HAZEKAMP

P

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date