

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000663

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** NORTHLAKE PARK AT LAKE NONA COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5955 T.G LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 US

**Current Mailing Address:**

5955 T.G LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 US

**FEI Number:** 59-3628234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELAND MANAGEMENT, INC.  
5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 US

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

FURLOW, REBECCA  
6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 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: REBECCA FURLOW

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEVEY, RICHARD  
Address: 8533 WATERWILLOW PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: T ( ) Delete  
Name: TURPIN, KAREN  
Address: 9856 POPLAR RD  
City-St-Zip: ORLANDO, FL 32827

Title: VP ( ) Delete  
Name: DAVE, MURRAY  
Address: 9920 LOBLOLLY PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32827

Title: D ( ) Delete  
Name: FERGUESON, LOWELL  
Address: 8533 WATERWILLOW PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: D ( ) Delete  
Name: MOORE, SCOTT  
Address: 9613 PINE LILY STREET  
City-St-Zip: ORLANDO, FL 32827

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: SCOT, MOORE  
Address: 9613 PINE LILY STREET  
City-St-Zip: ORLANDO, FL 32827

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

Title: D (X) Change ( ) Addition  
Name: MOKRIS, PATRICK  
Address: 9574 CYPRESS PINE STREET  
City-St-Zip: ORLANDO, FL 32827 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD LEVEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date