

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32595

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

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC3991228152**

**Current Principal Place of Business:**

C/O ALL ABOUT MANAGEMENT, INC  
206 S. ELM AVE  
SANFORD, FL 32771

**Current Mailing Address:**

C/O ALL ABOUT MANAGEMENT, INC  
P.O. BOX 1569  
SANFORD, FL 32771 US

**FEI Number: 59-2959082**

**Certificate of Status Desired: No**

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

ALL ABOUT MANAGEMENT, INC  
206 S. ELM AVE  
SANFORD, FL 32771 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:** ANGELIA GORDON

04/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           STD  
Name           TRIMMER, MAUREEN P  
Address        1902 NORTHLAKE DRIVE  
City-State-Zip: SANFORD FL 32773-6709

Title           VD  
Name           SWETT, JEFFRE D  
Address        2105 NORTHLAKE DRIVE  
City-State-Zip: SANFORD FL 32773-6711

Title           PD  
Name           HAZEKAMP, KATHLEEN  
Address        1904 NORTHLAKE DRIVE  
City-State-Zip: SANFORD FL 32773-6709

*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

**PRESIDENT**

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date