FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR -5 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740215 (9)

1. Corporation Name
NORTHLAKE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
714 NORTHLAKE COURT NORTH PALM BEACH FL 33408	714 NORTHLAKE COURT NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1977
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1992204 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

* MCDOWELL, BRUCE
326 NORTHLAKE DR. #203
N PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE b	SAME ☐ Change ☐ Addition
NAME	MCDOWELLL, BRUCE	12 NAME	600001450598
STREET ADDRESS	326 N. LAKE DR. 203	13 STREET ADDRESS	-04/07/95--01089--006
CITY-ST-ZIP	N. PALM BCH. FL 33408	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	S	21 TITLE D	SAME ☐ Change ☐ Addition
NAME	HICKSON, EILEEN	22 NAME	
STREET ADDRESS	326 N. LAKE DR. 103	23 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH. FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE b	SAME ☐ Change ☐ Addition
NAME	SZCZERBIAK, IS	32 NAME	
STREET ADDRESS	326 N. LAKE DR. 205	33 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH. FL 33408	34 CITY-ST-ZIP	
TITLE	BM	41 TITLE	B.M. Lee Sommer ☒ Change ☐ Addition
NAME	MICHALSKI, CHESTER	42 NAME	714 N.LAKE Ct
STREET ADDRESS	326 N. LAKE DR.	43 STREET ADDRESS	N. PALM BCH, FL 33408
CITY-ST-ZIP	N. PALM BCH. FL 33408	44 CITY-ST-ZIP	B.M.
TITLE	BM	51 TITLE DM	SAME ☐ Change ☐ Addition
NAME	VERA, MARK	52 NAME	
STREET ADDRESS	714 N. LAKE CT.	53 STREET ADDRESS	
CITY-ST-ZIP	. PALM BCH. FL 33408	54 CITY-ST-ZIP	
TITLE		61 TITLE	2nd ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	4-5
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] BRUCE McDowell 3-15-95 1-800-725-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DO449230