2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2007
Secretary of State

DOCUMENT# 758454

Entity Name: NORTHLAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10503 LAKE WILLIAMS DR.
ODESSA, FL 33556

New Principal Place of Business:

10502 LAKE WILLIAMS DR.
ODESSA, FL 33556

Current Mailing Address:

10503 LAKE WILLIAMS DR.
ODESSA, FL 33556

New Mailing Address:

10502 LAKE WILLIAMS DR.
ODESSA, FL 33556

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEHLE, JOSEPH W
10503 LAKE WILLIAMS DR.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

TARRAGO, LINDA H
10502 LAKE WILLIAMS DR.
ODESSA, FL 33556 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: LINDA H TARRAGO 03/25/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRACCIANO, DAVE
Address: 15907 NORTHLAKE VILLAGE DR.
City-St-Zip: ODESSA, FL 335562615

Title: VD ( ) Delete
Name: BRAAKSMA, FRAN
Address: 10501 LAKE WILLIAMS DR
City-St-Zip: ODESSA, FL 33556

Title: SD ( ) Delete
Name: GREENLEES, NANCY
Address: 10505 LAKE WILLIAMS DR
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete
Name: WEHLE, JOSEPH W
Address: 10503 LAKE WILLIAMS DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRAAKSMA, FRAN
Address: 10501 LAKE WILLIAMS DR
City-St-Zip: ODESSA, FL 33556

Title: VD (X) Change ( ) Addition
Name: WILKEY, TOM
Address: 10529 LAKE WILLIAMS DR
City-St-Zip: ODESSA, FL 33556

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

Title: TD (X) Change ( ) Addition
Name: TARRAGO, LINDA H
Address: 10502 LAKE WILLIAMS DR.
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA H TARRAGO TD 03/25/2007
Electronic Signature of Signing Officer or Director — Date