

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758454

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** NORTHLAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

<UNUSED>  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

10502 LAKE WILLIAMS DRIVE  
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:**

TARRAGO, LINDA H  
10502 LAKE WILLIAMS DR.  
ODESSA, FL 33556 US

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

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: PD  
Name: BRACCIANO, DAVID  
Address: 15907 NORTHLAKE VILLAGE DR.  
City-St-Zip: ODESSA, FL 33556

Title: VD  
Name: LEONARD, KENNETH  
Address: 10523 LAKE WILLIAMS DR  
City-St-Zip: ODESSA, FL 33556

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

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

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: LINDA TARRAGO

TD

01/04/2012

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

\_\_\_\_\_  
Date