

## 2004 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N00000000663**

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



**FILED** 

Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90500 027 \*\*\*\*61.25

							1			<b>.</b>					
Principal Place of Business 9801 LAKE NONA ROAD ORLANDO, FL 32827			Mailing Address 200 S. ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801-3432 US				- 54039324 -								
2. Principal Pl	lace of Business	•	3. Maili	ng Address											
Suite, Apt.	#, etc.	<u> </u>	Sui	te, Apt. #, etc.			-	0408	32004	Chg-N	1P	CR	2E03	7 (10/03)	
City & State	9		City	/ & State					Number 9-3628						ptied For t Applicable
Zip Country			Zip Cou			intry							\$8.75 Add ee Require		
	6. Name and A	ddress of Current	Registere	d Agent				7. Na	me and .	Address	of Nev	v Registe	ered A	gent	
						Name		•							
A.G.C. CO 200 SOUT SUITE 230	H ORANGE AV	/ENUE				Street A	ddress (I	P.O. Box	x Numbe	r is Not	Accepta	ble)		· ·	
	, FL 32801-34	32											•		
						City							FL	Zip Cod	9
	named entity subnions of registered a	nits this statement fo gent.	or the purpo	ose of changing its	registere	ed office or	register	ed ager	it, or bot!	h, in the	State of	Florida.	I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printe	d name of registered agent	l and title if appl	licable. (NOTE	: Registere	d Agent signati	ure required	1 when reins	stating)				DATE		<del> </del>
	Cilina Social	*C4 2E		9. Election Can	naion F	inancina		4		- 1		Make c	chack	payable t	.
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10.	_		RECTORS					Ádded	to Fees			lorida D	epart		tate
10.	_	, 2004	RECTORS	Trust Fund C	ontribut	ion.	Pb	Added	to Fees	ANGES 1	O OFFI	lorida D	epart	ment of S	tate
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TITLE NAME	PD LYON, R. RAN	OFFICERS AND DI DOLPH JR. NA ROAD	RECTORS	Trust Fund C	11. TITU NAM	ion.	PD Clar 9801	Added  ADDITION  M. M. Lak	to Fees ONS/CH/ chsel e Man	ANGES I	ro offi	lorida D	epart	ment of S	10
TITLE NAME STREET ADDRESS	PD LYON, R. RAN 9801 LAKE NO	OFFICERS AND DI DOLPH JR. NA ROAD	RECTORS	Trust Fund C	11. TITU NAM	E E EET ADDRESS -ST-ZIP	PD Clar 9801	Added  ADDITION  M. M. Lak	to Fees	ANGES I	ro offi	lorida D	epart	ment of S	10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VCTUPIN DRECTOR	APR 8 2004	407-876-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone # #1900