2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000663

FILED Apr 09, 2007 Secretary of State

Entity Name: NORTHLAKE PARK AT LAKE NONA COMMUNITY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8009 S. ORANGE AVE. ORLANDO, FL 328096711 **Current Mailing Address: New Mailing Address:** 8009 S. ORANGE AVE ORLANDO, FL 328096711 FEI Number: 59-3628234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT, INC. 8009 S. ORANGE AVE ORLANDO, FL 328096711 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CLARY, MICHAEL Name: Name: 9801 LAKE NONA ROAD Address: Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: TURPIN, KAREN Name: Address: 9856 POPLAR RD Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition ANAND, CHRISTOPHER Name: DAVE, MURRAY Name: 9920 LOBLOLLY PINE CIRCLE Address: 9801 LAKE NONA ROAD Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: ORLANDO, FL 32827

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: MICHAEL CLARY PD 04/09/2007