## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010113

FILED Apr 20, 2006 Secretary of State

Entity Name: NORTHWEST LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
140B LOST LAKES DRIVE COCOA, FL 32926				
Current Ma	ailing Address:	New Maili	New Mailing Address:	
140B LOST LAKES DRIVE COCOA, FL 32926				
FEI Number: FEI Number Applied For ( ) FEI Nu		Number Not App	licable (X) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
FEESER, DONALD 176 WOODSMILL BLVD. COCOA, FL 32926 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:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete FEESER, DONALD C 176 WOODSMILL BLVD. COCOA, FL 32926	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete CLARK, GERALD 153 SCENIC DRIVE COCOA, FL 32926	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition RYAN, PATRICK 182 SCENIC DRIVE COCOA, FL 32926	
Title: Name: Address: City-St-Zip:	SEC () Delete GREGOR, HELEN 332 SCENIC DRIVE COCOA, FL 32926	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition GREGOR, HELEN 332 SCENIC DRIVE COCOA, FL 32926	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition STILLWELL, ROBERT 315 OUTER DRIVE COCOA, FL 32926	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition CANADA, VIRGINIA 369 HARMONY PLACE COCOA, FL 32926	

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: VIRGINIA CANADA S 04/20/2006