

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010113

FILED
Jun 16, 2009
Secretary of State

Entity Name: NORTHWEST LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

140B LOST LAKES DRIVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

140B LOST LAKES DRIVE
COCOA, FL 32926

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIKLOSOVIC, LINKA G
255 OUTER DRIVE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

MIKLOSOVIC, LINDA G
255 OUTER DRIVE
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: LINDA G MIKLOSOVIC

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIKLOSOVIC, LINDA G
Address: 255 OUTER DRIVE
City-St-Zip: COCOA, FL 32926

Title: VP () Delete
Name: RYAN, PATRICK
Address: 182 SCENIC DRIVE
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: GREGOR, HELEN
Address: 332 SCENIC DRIVE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: STILLWELL, ROBERT
Address: 315 OUTER DRIVE
City-St-Zip: COCOA, FL 32926

Title: S () Delete
Name: PERGOLA, SHERYL
Address: 233 WOODSMILL BLVD
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: PERGOLA, SHERYL
Address: 233 WOODSMILL BLVD
City-St-Zip: COCOA, FL 32926

Title: D (X) Change () Addition
Name: CHARBONNEAU, DENNIS
Address: 190 WOODSMILL BLVD
City-St-Zip: COCOA, FL 32926

Title: S (X) Change () Addition
Name: TANNER, JO
Address: 414 OUTER DRIVE
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify 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 G MIKLOSOVIC

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date