

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 12, 2006**  
**Secretary of State**

DOCUMENT# N07919

**Entity Name:** NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**8009 S. ORANGE AVE  
ORLANDO, FL 32809 US**New Principal Place of Business:**225 S. WESTMONTE DRIVE  
3310  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**8009 S. ORANGE AVE  
ORLANDO, FL 32809 US**New Mailing Address:**P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 59-2542961**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LELAND MANAGEMENT  
8009 S. ORANGE AVE  
ORLANDO, FL 32809 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE  
3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK

09/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: SHOFTER, KAREN  
Address: 603 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 32773Title: S ( ) Delete  
Name: HAZAKAMP, KATHLEEN  
Address: 1904 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 32773Title: VP ( ) Delete  
Name: SMITH, DOUGLAS  
Address: 1707 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 32773Title: D ( ) Delete  
Name: SMITH, JACQUELYN  
Address: 9707 VOYLES LOOP  
City-St-Zip: POLK CITY, FL 33868Title: P ( ) Delete  
Name: FERNANDEZ-FOX, ROBERTA M  
Address: 2201 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 32773**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELLEN R. WOMACK

A

09/12/2006

Electronic Signature of Signing Officer or Director

Date