

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07921

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** NORTHLAKE VILLAGE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S. WESTMONTE DRIVE  
3310  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

**FEI Number:** 59-2542948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE  
3310  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: ZIER, JONATHAN  
Address: 1005 NORTH LAKE DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: VP ( ) Delete  
Name: MERICLE, JUDITH  
Address: 1101 NORTHLAKE DR.  
City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete  
Name: PETT, DELON P  
Address: 1006 NORTH LAKE 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:

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: JONATHAN ZIER

P

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date