2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# N07921

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:

C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BOULEVARD
WINTER PARK, FL 327924527 US

Current Mailing Address:

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

New Mailing Address:

C/O OSS ASSOCIATION MANAGEMENT, INC.
POST OFFICE BOX 5717
WINTER PARK, FL 327935717 US

FEI Number: 59-2542948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

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

Name and Address of New Registered Agent:

FERRARA, WILLIAM G
753 SOUTH RANGER BOULEVARD
WINTER PARK, FL 327924527 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: WILLIAM G. FERRARA 05/09/2009
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: T (X) Change ( ) Addition
Name: ZIER, JONATHAN
Address: 1005 NORTH LAKE DRIVE
City-St-Zip: SANFORD, FL 327736174 US

Title: P (X) Change ( ) Addition
Name: MERICLE, ROY
Address: 1101 NORTHLAKE DR.
City-St-Zip: SANFORD, FL 327736114 US

Title: S (X) Change ( ) Addition
Name: PETT, DELON P
Address: 1006 NORTH LAKE DRIVE
City-St-Zip: SANFORD, FL 327736174 US

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: ROY MERICLE P 05/09/2009
Electronic Signature of Signing Officer or Director Date