2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09912

FILED Sep 12, 2006 Secretary of State

Entity Name: NORTHLAKE VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O OFFICE SUPPORT SYSTEMS 753 SOUTH RANGER BLVD WINTER PARK, FL 327924527 US

753 SOUTH RANGER BLVD

C/O OSS ASSOCIATION MANAGEMENT, INC.

WINTER PARK, FL 327924527 US

Current Mailing Address:

New Mailing Address:

C/O OFFICE SUPPORT SYSTEMS P O BOX 5717 WINTER PARK, FL 327935717 US C/O OSS ASSOCIATION MANAGEMENT, INC

P O BOX 5717

WINTER PARK, FL 327935717 US

FEI Number: 59-2567182

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:

Name and Address of New Registered Agent:

FERRARA, WILLIAM G C/O OFFICE SUPPORT SYSTEMS

753 SOUTH RANGER BLVD. WINTER PARK, FL 32792 US C/O OSS ASSOCIATION MANAGEMENT, INC. 753 SOUTH RANGER BLVD.

FERRARA, WILLIAM G

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

09/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

HUTCHINS, PAUL Name: 1203 NORTHLAKE DR. Address: City-St-Zip: SANFORD, FL 327736176

Title: STD () Delete HUTCHINS, DEBRA Name: Address: 1203 NORTHLAKE DR. City-St-Zip: SANFORD, FL 327736176

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

HUTCHINS, PAUL L Name: Address: 1203 NORTHLAKE DRIVE City-St-Zip: SANFORD, FL 327736176 US

(X) Change () Addition Title:

Name: HUTCHINS, DEBRA L Address: 1203 NORTHLAKE DRIVE City-St-Zip: SANFORD, FL 327736176 US

Title: SD () Change (X) Addition

PADILLA, ROSA M Name: 1205 NORTHLAKE DRIVE Address: City-St-Zip: SANFORD, FL 327736176 US

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: PAUL LEE HUTCHINS, JR.

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09/12/2006