

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09912

FILED
Apr 17, 2007
Secretary of State

Entity Name: NORTHLAKE VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2567182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BLVD.
WINTER PARK, FL 327924527 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: PD () Delete
Name: HUTCHINS, PAUL L
Address: 1203 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736176 US

Title: TD () Delete
Name: HUTCHINS, DEBRA L
Address: 1203 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736176 US

Title: SD () Delete
Name: PADILLA, ROSA M
Address: 1205 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736176 US

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 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 L. HUTCHINS

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date