

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12262

FILED
Apr 28, 2009
Secretary of State

Entity Name: NORTHLAKE VILLAGE IV 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: 59-2608627 **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
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: SHOFTER, KAREN
Address: 603 NORTH LAKE DR.
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: SCHUMACHER, PHILLIP
Address: P.O. BOX 1302
City-St-Zip: SANFORD, FL 32772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SHOFTER, KAREN
Address: 603 NORTH LAKE DR.
City-St-Zip: SANFORD, FL 32773

Title: VS (X) Change () Addition
Name: SCHUMACHER, PHILLIP
Address: P.O. BOX 1302
City-St-Zip: SANFORD, FL 32772

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: KAREN SHOFTER

PT

04/28/2009

Electronic Signature of Signing Officer or Director

Date