

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12733

FILED
Apr 17, 2007
Secretary of State

Entity Name: NORTHLAKE VILLAGE V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 5717
WINTER PARK, FL 327935717 US

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: 59-2615643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, WILLIAM G
C/O OFFICE SUPPORT SYSTEMS
753 SOUTH RANGER BLVD.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BLVD.
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

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILSON, KERRY
Address: 708 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736191

Title: PD () Delete
Name: WECHTER, MS. PATRICIA
Address: 808 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736100

Title: STD () Delete
Name: LAMBERTH, ANITA
Address: 805 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736100

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WECHTER, M. PATRICIA
Address: 808 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736100

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: M. PATRICIA WECHTER

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date