2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12733

Apr 25, 2008 Secretary of State

Entity Name: NORTHLAKE VILLAGE V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current 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: 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WILSON, KERRY Name: 708 NORTHLAKE DR Address:

City-St-Zip: SANFORD, FL 327736191

OFFICERS AND DIRECTORS:

Title: PD () Delete WECHTER, M. PATRICIA Name: Address: 808 NORTHLAKE DRIVE

City-St-Zip: SANFORD, FL 327736100 Title: STD () Delete

LAMBERTH, ANITA Name: 805 NORTHLAKE DR Address: City-St-Zip: SANFORD, FL 327736100 (X) Change () Addition

HALSTEAD, RALPH Name: Address: 803 NORTHLAKE DR

City-St-Zip: SANFORD, FL 327736100 US

Title: (X) Change () Addition

Name: POSNER, RHONDA L Address: 804 NORTHLAKE DRIVE City-St-Zip: SANFORD, FL 327736100

Title: STD (X) Change () Addition

GONZALEZ, RAFAEL Name: Address: 707 NORTHLAKE DR City-St-Zip: SANFORD, FL 327736191

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: RHONDA L. POSNER PD 04/25/2008