

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14523

FILED
Apr 30, 2007
Secretary of State

Entity Name: NORTHLAKE VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PRESIDENTIAL GROUP SO. , INC
135 W. PINEVIEW ST.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

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

Current Mailing Address:

PRESIDENTIAL GROUP SO. , INC
135 W. PINEVIEW ST.
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

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

FEI Number: 59-2662589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL GROUP SOUTH INC.
135 W. PINEVIEW ST.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

FERRARA, WILLIAM G
753 SOUTH RANGER BOULEVARD
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

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAYBORN, RON
Address: 303 NORTHLAKE DR
City-St-Zip: SANFORD, FL 32773

Title: DST () Delete
Name: DRISCOLL, NANCY
Address: 205 NORTHLAKE DR
City-St-Zip: SANFORD, FL 32773

Title: DV () Delete
Name: MCCASKILL, TODD G
Address: 202 NORTH LAKE DR
City-St-Zip: SANFORD, FL 327736169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAYBORN, RON
Address: 303 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736115 US

Title: STD (X) Change () Addition
Name: DRISCOLL, NANCY
Address: 205 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736169 US

Title: VD (X) Change () Addition
Name: MCCASKILL, TODD G
Address: 202 NORTH LAKE DR
City-St-Zip: SANFORD, FL 327736169 US

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: RON RAYBORN

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date