

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14523

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTHLAKE VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2662589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: RAYBORN, RONALD
Address: 303 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736115 US

Title: VPD () Delete
Name: DRISCOLL, NANCY
Address: 205 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736169 US

Title: SD () Delete
Name: MCCASKILL, TODD G
Address: 202 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCASKILL, TODD
Address: 202 NORTHLAKE DR
City-St-Zip: SANFORD, FL 32773

Title: VPD (X) Change () Addition
Name: DRISCOLL, NANCY
Address: 205 NORTHLAKE DR
City-St-Zip: SANFORD, FL 32773

Title: SD (X) Change () Addition
Name: SKOFF, KATHLEEN
Address: 204 NORTHLAKE DR
City-St-Zip: SANFORD, FL 23773

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: TODD MCCASKILL

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date