

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20053

FILED
Apr 25, 2007
Secretary of State

Entity Name: NORTHLAKE VILLAGE VII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2864660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 S RANGER BLVD.
WINTER PARK, FL 32762 US

Name and Address of New Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 S 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: 04/25/2007
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAKE, J. ROBERT
Address: 1708 NORTHLAKE DR.
City-St-Zip: SANFORD, FL 327736177 US

Title: SD () Delete
Name: LAKE, CARYL
Address: 1708 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736177 US

Title: TD () Delete
Name: SMITH, DOUGLAS A
Address: 1707 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: J. ROBERT LAKE PD Date: 04/25/2007
Electronic Signature of Signing Officer or Director