

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20053

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** NORTHLAKE VILLAGE VII CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PAINE-ANDERSON PROPERTIES, INC.  
680 W STATE ROAD 434  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAINE-ANDERSON PROPERTIES, INC.  
P.O. BOX 195771  
WINTER SPRINGS, FL 327195771 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:**

PAINE-MALCOLM, KAREN  
C/O PAINE-ANDERSON PROPERTIES, INC.  
680 W STATE ROAD 434  
WINTER SPRINGS, FL 32708 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: DP  
Name: SMITH, DOUGLAS  
Address: 1707 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736177 US

Title: DVP  
Name: BLAKE, PATRICIA  
Address: 1603 NORTHLAKE DR  
City-St-Zip: SANFORD, FL 327736177 US

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS SMITH

PRES

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date