## N32595

19	r_Fred Hazekamp 004 Northlake Dr anford, FL 32773-6709
A)	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(D	Occument Number)
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05 JUN-2 PMI2: 27

SCURETARY JESTAIL

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the	
undersigned corporation organized under the laws of the State of FLURIDA submits the following statement in order to change its registered office or registered agent, or both, in the	
State of Florida.	
1. The name of the corporation: NORTHLAKE, VILLAGE, X (ONG OMINIUM)	
1. The name of the corporation: NORTHLAKE VILLAGE X CONDONINIUM ASSOCIATION, I	=/
2. The mailing address of the corporation:	
3. Date of incorporation/qualification: 5-3/-/989 Document number: N3.2595	
4. The name and address of the current registered agent and registered office:	
$\geq R_{a}$	
OTACY III. DALCAM	7
Stacy M. BALCAM THEAKE DE	
SANFARD FL 32773	_
5. The name and address of the new registered agent (if changed) and /or registered office (Fchanged):	_
Rebecca FURLAW THANAGEMENT INC SE ?	
ORLANDO, FL 32809	-
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board,	
(Signature of an officer, chairman of the board)  5/28/05 (Date)	
KATHLEEN HAZEKAMP Vice PRES. SECRETARY (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
Kiling In la	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*