

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32595

FILED  
Apr 19, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O CENTURIAN GROUP SERVICES, INC.  
642 WATERSCAPE WAY  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CENTURIAN GROUP SERVICES, INC.  
P.O. BOX 560698  
ORLANDO, FL 32856 US

**New Mailing Address:**

C/O CENTURIAN GROUP SERVICES, INC.  
P.O. BOX 780424  
ORLANDO, FL 328780424 US

**FEI Number:** 59-2959082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOBIECH, ANTHONY  
642 WATERSCAPE WAY  
ORLANDO, FL 32828 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: STD  
Name: TRIMMER, MAUREEN P  
Address: 1902 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736709 US

Title: VD  
Name: SWETT, JEFFREY D  
Address: 2105 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736711 US

Title: PD  
Name: HAZEKAMP, KATHLEEN  
Address: 1904 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 327736709 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: ANTHONY SOBIECH

AGNT

04/19/2012

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

\_\_\_\_\_  
Date