## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34921

FILED Apr 25, 2007 Secretary of State

Entity Name: NORTHLAKE VILLAGE IX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2982386 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FERRARA, WILLIAM G C/O OSS ASSOCIATION MANAGEMENT, INC. 753 SOUTH 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 JUHASZ, FRANK J
 Name:
 GALLANT, MARLENE

 Address:
 2203 NORTHLAKE DR
 Address:
 2204 NORTHLAKE DR

 City-St-Zip:
 SANFORD, FL 327736712 US
 City-St-Zip:
 SANFORD, FL 327736712 US

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JUHASZ, SHIRLEY
 Name:

 Address:
 2203 NORTHLAKE DRIVE
 Address:

 City-St-Zip:
 SANFORD, FL 327736712 US
 City-St-Zip:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FERNANDEZ-FOX, ROBERTA M
 Name:

 Address:
 2201 NORTHLAKE DRIVE
 Address:

 City-St-Zip:
 SANFORD, FL 327736712 US
 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: ROBERTA M. FERNANDEZ-FOX PD 04/25/2007