2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# N34921

Entity Name: NORTHLAKE VILLAGE IX 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: 59-2982386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BLVD
WINTER PARK, FL 327924527 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 ( ) Delete
Name: GALLANT, MARLENE
Address: 2204 NORTHLAKE DR
City-St-Zip: SANFORD, FL 327736712 US

Title: VD ( ) Delete
Name: FISHER, AMY E
Address: 2205 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736712 US

Title: PD ( ) Delete
Name: FERNANDEZ-FOX, ROBERTA M
Address: 2201 NORTHLAKE DRIVE
City-St-Zip: SANFORD, FL 327736712 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: ROBERTA M. FERNANDEZ-FOX P 05/09/2009

Electronic Signature of Signing Officer or Director — Date