

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010113

**Entity Name:** NORTHWEST LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

140B LOST LAKES DRIVE  
COCOA, FL 32926

**Current Mailing Address:**

140B LOST LAKES DRIVE  
COCOA, FL 32926

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

BOHNE, KARL W. JR.  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 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: KARL W. BOHNE JR.**

**02/02/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MIKLOSOVIC, LINDA  
Address 140B LOST LAKES DRIVE  
City-State-Zip: COCOA FL 32926

Title VP  
Name SHAFER, EDNA  
Address 140B LOST LAKES DRIVE  
City-State-Zip: COCOA FL 32926

Title T  
Name MIKLOSOVIC, LINDA  
Address 140B LOST LAKES DRIVE  
City-State-Zip: COCOA FL 32926

Title D  
Name CARUANA, KATHRYN  
Address 140B LOST LAKES DRIVE  
City-State-Zip: COCOA FL 32926

Title S  
Name GUEAR, VIRGINIA  
Address 140B LOST LAKES DRIVE  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name KRATKY, KATHY  
Address 140B LOST LAKES DRIVE  
City-State-Zip: COCOA FL 32926

*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: LINDA MIKLOSOVIC**

**PRESIDENT**

**02/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date