## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 08, 2005 8:00 am Secretary of State

| 1. Entity Nan  | MENT # N9400000<br>THE<br>NA RIDGE HOMEOWNER   |                       | CIATION, IN                                       | IC.  |  |   | )   | 04-08-20            |                           | _                              |   |  |
|--|--|-----------------------|---|--|--|---|---|---------------------|---------------------------|--------------------------------|---|--|
| Principal Place of Business 2099 SANTA LUCIA CIR MELBOURNE, FL 32935 US  Mailing Address 2099 SANTA LUCIA CIR MELBOURNE, FL 32935  |  |                       |   |  | S  |   |   | ۳                   |                           |                                |   |  |
| Principal Place of Business     3. Mailing Address   |  |                       |   |  |  | <del>.</del>                                    |   |                     |                           |                                |   |  |
| Suite, Apt   | . #, etc.  | Suite, Apt. #, etc.   |   |  |  |   | 03282005                                      | Chg-NP              |                           | CBSEUS                         | 7 (10/03)   | MINE E 1881                            |
| City & Sta   | te   | City & State          |   |  |  |   | 4. FEI Numb                                   | er                  | `                         |                                | · · ·   | pplied For                             |
| Zip  | Country  | Zip Cou               |   |  | untry  | 5 Certificate of Status Desired S8.75 Additiona |   |                     |                           |                                | ot Applicable<br>ditional                             |  |
|  | 6. Name and Address of Curren  | ıt Registere          | d Agent   | <u> </u>   | Γ  |   |   | i Address of N      |                           |                                | ee Require  | ed                                     |
| OCAD A   |  |                       | ~ ~ ~ ~   |  | Name   |   |   |                     |                           | -~                             |   |  |
| CISAR, ANDREW 2099 SANTA LUCIA CIR. MELBOURNE, FL 32935  |  |                       |   |  | Street A   | Address (F                                      | O. Box Numb                                   | er is Not Accep     | ptable)                   |                                | •   |  |
|  | 7442, 1 2 02330  |                       |   |  |  |   | <u> </u>                                      |                     |                           |                                |   |  |
|  |  |                       |   |  | City   |   |   | _                   |                           | FL                             | Zip Coo   |  |
| 8. The above the obliga  | e named entity submits this statement intions of registered agent.   | for the purpo         | ose of changing it                                | s registere  | ed office o  | r registere                                     | ed agent, or bo                               | oth, in the State   | of Florid                 | a. I am fa                     | ımiliar with.   | and accept                             |
| SIGNATURE  | Warne Cwill  | -                     | Wa  | 0  | e i  | 1 11  |   | Treasu              | سره ه.                    |                                | 4-1-  | a5                                     |
| SIGNATURE  | Signature, types or printed name of registered agei  | nt and little if appl | icable. (NO                                       | E: Registere   | d Agent signar   | ture required                                   | when reinstating)                             | 77 -430             | jv <u>e</u>               | DATE                           |   | <u></u>                                |
| SIGNATURE  | Signature, types or printed name of registered agos Filling Fee is \$61.25 Due by May 1, 2005  | nt and title if appl  | 9. Election Ca<br>Trust Fund                      | ımpaign F  | inancing   | ture required                                   | when reinstating)  \$5.00 May E Added to Fees | 3e                  | Mak                       | DATE<br>e check                | payable t   | to                                     |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2005<br>OFFICERS AND C  |                       | 9. Election Ca<br>Trust Fund                      | ampaign F<br>Contributi  | inancing ion.  | ture required                                   | when reinstating) \$5.00 May E Added to Fees  | 3e                  | Make<br>Florida           | e check<br>Departi             | payable to<br>ment of S                               | itate                                  |
|  | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND C PD CISAR, ANDREW 2099 SANTA LUCIA CIR   |                       | 9. Election Ca                                    | TILE NAM STRE  | Financing<br>ion.  | ture required                                   | when reinstating) \$5.00 May E Added to Fees  | 3e                  | Make<br>Florida           | e check<br>Departi             | payable t   | to<br>tate                             |
| 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND C PD CISAR, ANDREW  |                       | 9. Election Ca<br>Trust Fund                      | TILE NAM STRE  | E E EET ADDRESS -ST-ZIP  | A   | \$5.00 May B<br>Added to Fees                 | Ge<br>STANGES TO OF | Make<br>Florida<br>FICERS | e check<br>Departs             | payable intent of S                                   | to tate  N 10                          |
| 10. JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  CISAR, ANDREW 2099 SANTA LUCIA CIR MELBOURNE, FL 32935 DS DECOSTA, RAY   |                       | 9. Election Ca<br>Trust Fund                      | TITLE NAME   | E E E ADDRESS - ST-ZIP E   | A   | \$5.00 May B<br>Added to Fees                 | Ge<br>STANGES TO OF | Make<br>Florida<br>FICERS | e check<br>Departs             | payable intent of S                                   | to tate  N 10                          |
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.