

FILE NOW: FILING FEE IS \$61.25

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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION - ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000971 (0)  
1. Corporation Name  
NORTHRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 7829 GREENBRIAR PARKWAY ORLANDO FL 32819  
Mailing Address: 7829 GREENBRIAR PARKWAY ORLANDO FL 32819-6826

3. Date Incorporated or Qualified: 02/28/1995  
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business: 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835  
2a. Mailing Address: 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835

4. FEI Number: 59-3329257  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: ROSSMAN, NANCY A 7829 GREENBRIAR PARKWAY ORLANDO FL 32819

10. Name and Address of New Registered Agent: ROSSMAN, Nancy A. 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Nancy A Rossman* DATE: 2/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, NORMAN A	1.2 NAME	
STREET ADDRESS	7829 GREENBRIAR PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, NANCY A	2.2 NAME	ROSSMAN Nancy A
STREET ADDRESS	7829 GREENBRIAR PARKWAY	2.3 STREET ADDRESS	6355 METROWEST BLVD Suite 330
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, RUTH J	3.2 NAME	ROSSMAN Ruth J
STREET ADDRESS	7829 GREENBRIAR PARKWAY	3.3 STREET ADDRESS	6355 METROWEST BLVD Suite 330
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Anthony Lightman
STREET ADDRESS		4.3 STREET ADDRESS	6355 Metro West Blvd, Suite 330
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

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