## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT** # N95000000971 (0)

## NORTHRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION. I

Principal Place of Business Mailing Address 6355 METRO WEST BLVD. 6355 METRO WEST BLVD. STE. 330 **STE. 330** ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 2a. Mailing Address 21

Applied For 59-3329257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes Country 8. This corporation owes or has pald the current year Intangible 20 25 30 X Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent

81

82

Name

ROSSMAN, NANCY A 6355 METRO WEST BLVD. STE. 330 ORLANDO FL 32835

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23

24

Zip

	83								
	84	City	85	Zip Code					
ne above-named corporation submits this statement for the purpose of changing its registered									

3. Date Incorporated or Qualified

<u>02/28/1995</u>

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable)

**FILED** 

Apr 17 1998 8:00am

Secretary of State

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE	☐ Change						
NAME	LIGHTMAN, ANTHONY		1.2 NAME							
STREET ADDRESS	6355 METRO WEST BLVD, STE. 330		1.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	32835						
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition					
NAME	ROSSMAN, NANCY A		2.2 NAME							
STREET ADDRESS	6355 METRO WEST BLVD, STE. 330		2.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	3.2835	,					
TITLE	VPSD	DELETE	3.1 TITLE	V3D X Change	☐ Addition					
NAME	ROSSMAN, RUTH J		3.2 NAME							
STREET ADDRESS	6355 METRO WEST BLVD, STE. 330		3.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	32835						
TITLE		DELETE	4.1 TITLE	☐ Change	☐ Addition					
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS		Ī					
CITY-ST-ZIP			4.4 CiTY-ST-ZIP							
TITLE		DELETE	5.1 TITLE	☐ Change	Addition					
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE	Change	Addition					
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							

14. 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 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.

SIGNATURE:

(407) 523-2323