FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000971 VOK

NORTHRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

HGNATURE:

Mailing Address

2a. Mauing Address

6355 METROWEST BLVD. SUITE 330 ORLANDO, FL 32835 6355 METROWLST BLND. SUITE 330 ORLANDO, FL 32835

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999-90058-009 ****61.25 05-17-1999-90050-026 ****61.25

3. Date incorporated or Qualifed

| | 25 | | | 2/28/9 | <u> 5</u> | | | |
|---|--|----------------------------------|---|-------------------------------|----------------|--------------|-----------------|--------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 4. FEI Number | | | A | oplied For |
| ! | 27 | | | 59-332 | 9257 | | No | ot Applicabl |
| City & State | | | | 5. Certificate of Status | l Desired | | | Additional |
| | 28 | | | | <u> </u> | | | equired |
| Zip Country | Zip Country | | | 6. Election Campaign | _ | | | May Be |
| 25 | , , – – – – , , | 30 | · · · · · · · · · · · · · · · · · · · | 10. Name and Address | | oistered A | | to Fees |
| 9. Name and Address of Gu | Tent Registered Agent | 81 | Name | 14. Malite Bild Address | D. 11847 K. | yistored A | Anive | |
| ROSSMAN, NANCY A. | | | | | | | | |
| 6355 METROWEST BLVD. | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| Suite 330 | | | | | <u> </u> | | | |
| | | | | | <u> </u> | | (| |
| ORLANDO, FL 32835 | • | B4 | City | | į | Fl. | 85 Zip | Code |
| Pursuant to the provisions of Sections 617. | 0502 and 617,1508, Florida Statute | s, the above | -named corpo | pration submits this statem | ent for the p | urpose of ci | nanging its | registered |
| office or registered agent, or both, in the St. agent, I am familiar with, and accept the ob- | ate of Florida. Such change was au | ithorizad by t | he corporation | n's board of directors. I he | eby accept | the appoint | ment as re | gistared |
| | igations of, Doctor on tools, their | ou ourselos. | | | | | | |
| SNATURE Signature typed or printed name of registered | agent and tide if applicable. (NOTE: 1 | Registered Agent | Signature required | | ! | DATE | | |
| OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGE | S TO OFFI | | | |
| Pb | ☐ DELETE | 1.1 TITLE | | | i | | Change | Additi |
| NANCY A. ROSSMA | } | 1.2 NAME | | | 1 | | | |
| ETADORESS 6355 METROWEST | BLUD. DUITE 330 | 1.3 STREET | ADDRESS | | | | | |
| ST-ZP ORLANDO, FL 32 | <i>8.35</i> | 1.4 CITY-ST- | ZIP | | <u> </u> | | | Addition |
| V50 | ☐ OELETE | 2.1 MUE | · [| | Į | , | Change | |
| RUTH J. ROSSMAN | 0 / 00 | 2.2 NAME | | | 1 | | | |
| ET ADDRESS (355 METRO WEST | DLUB, JUITE 330 | 2.3 STREET | | | į | | | |
| ST-ZP ORLANDO, FL 32 | DELETE | 2.4 CITY-ST | -29 | | <u> </u> | | Change | Addition |
| Duahtman, An | MANU | 3.2 NAME | İ | | ļ | ` | | _ |
| | 61va. 5-1830 | 3.3 STREET A | nnesee | | | | | |
| ST-2P Danas I | 1005 | 34, CITY-ST- | J | | | | | |
| si-er Urianal) | DELETE | 41 TITLE | -24 | | <u> </u> | | Change | Additio |
| | | 1 | , | | } | | | |
| F F ADDRESS | | 4.3 STREET A | OORESS | | | | | |
| ST-ZIP | | 44 CTY-ST- | ZIP | | | | | |
| | ☐ DELETE | S.1 TITLE | | | F . | | Change | Additio |
| | | 52 NAME | (| | 1 | | | |
| : 442.00(55) | | 5.3 STREET A | DORESS | | 1 | | | |
| S7-ZIP | | 5.4 CITY- ST- | ZOP | | 1 | | | |
| | ☐ DELETE | 6.1 TTLE | | _ | | | Change A | L ⊟ Additio |
| | | 62 NAME | | | | | er. | e 😂 |
| .! 4 0010.00 | | 6.3 STREET A | ! | | 1 | | | |
| ST- ZIP | | 6.4 CITY- ST-2 | | | | | | formation |
| I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the reallock 12 or Block 13 if changed, or on an att | tal annual report is true and accural ceiver or trustee empowered to exe- | ite and that n icute this rep | ny signature s ort as require | unali nave une same leciali c | Heck as II III | ace uncer c | out ulu- | |