

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0091157

05-15-2001 90067 001 ****61.25

DOCUMENT # N95000000971

1. Entity Name

NORTHRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

6355 METRO WEST BLVD.
 STE. 330
 ORLANDO FL 32835
 US

6355 METRO WEST BLVD.
 STE. 330
 ORLANDO FL 32835
 US

910000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3329257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LIGHTMAN, ANTHONY	
STREET ADDRESS	6355 METRO WEST BLVD, STE. 330	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSSMAN, NANCY A	
STREET ADDRESS	6355 METRO WEST BLVD, STE. 330	
CITY - ST - ZIP	ORLANDO FL 32832	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	ROSSMAN, RUTH J	
STREET ADDRESS	6355 METRO WEST BLVD, STE. 330	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

12. 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.

SIGNATURE: ~~VOID SIGNATURE REQUIRED~~ Pres 4/12/01 4075232323

CR2E037 (10/00)