

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90009 048 ****61.25

DOCUMENT # N95000000971

1. Entity Name
NORTHRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, I NC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1201 N. Jacks Lake Rd. **1201 N. Jacks Lake Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State - **Clermont** City & State **Clermont, Florida**

Zip **34711** Country **USA** Zip **34711** Country **USA**

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

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

6. Name and Address of Current Registered Agent
ROSSMAN, NANCY A
6355 METRO WEST BLVD.
STE. 330
ORLANDO FL 32835

7. Name and Address of New Registered Agent
 Name **Stephen J Berlinsky**
 Street Address (P.O. Box Number is Not Acceptable)
135 W. Central Blvd. Ste. 730
 City **Orlando** **FL** Zip Code **32801**

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: *Step J Berlinsky* **Stephen J Berlinsky** **1-23-02**

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

TITLE	D	<input checked="" 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 checked="" 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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Berlinsky	
STREET ADDRESS	1217 N. Jacks Lake Rd.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy A. Rossman	
STREET ADDRESS	6355 Metro West Blvd, Ste. 330	
CITY-ST-ZIP	Orlando, FL 32833	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent D Agnello	
STREET ADDRESS	1301 N. Jacks Lake Rd	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Godek	
STREET ADDRESS	302 Laurel Cove Court	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Smithmyer	
STREET ADDRESS	1206 N. Jacks Lake Rd.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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: *Vincent D Agnello* **Vincent D Agnello** **1/23/02** **352-242-4910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)