

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90290 045 \*\*\*\*61.25



**DOCUMENT # N95000000971**  
1. Entity Name  
**NORTH RIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**12100 N JACKS LAKE RD  
CLERMONT, FL 34711 US**

Mailing Address  
**12100 N JACKS LAKE RD  
CLERMONT, FL 34711 US**

2. Principal Place of Business  
**1201 N. JACKS LAKE RD.**

3. Mailing Address  
**P.O. BOX 120065**

Suite, Apt. #, etc.

City & State  
**CLERMONT, FL**

City & State  
**CLERMONT, FL**

Zip  
**34711**

Country  
**USA**

Zip  
**34712**

Country  
**USA**



04122005 Chg-NP CR2E037 (10/03)

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  
**JONES, SUSAN J  
1105 NORTH RIDGE BLVD.  
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name  
**STELLA M. PRICE**

Street Address (P.O. Box Number is Not Acceptable)  
**1312 N. JACKS LAKE RD.**

City  
**CLERMONT**

FL

Zip Code  
**34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stella M. Price **STELLA M. PRICE (SECRETARY)** **4-13-05**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESKENAS, MARC 1210 N JACKS LAKE RD CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERLINSKY, STEVE 1217 N JACKS LAKE RD CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, SUSAN 1105 NORTH RIDGE BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, MARIO 1211 N. JACKS LAKE RD CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBORN, CARL 1359 LAUREL HILL DR CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAND, ZACHARY 1309 N. JACKS LAKE RD. CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRICE, WILLIAM 1312 N. JACKS LAKE RD. CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SUSAN 1105 NORTH RIDGE BLVD. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBERT, JIM 214 PLEASANT HILL DR. CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILL, JOHN 1304 N. JACKS LAKE RD. CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Zachary Noland **4-13-05** **352-243-6790**

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

**(ZACHARY NOLAND)**