


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 015 ****61.25

DOCUMENT # N95000000971					
1. Entity Name NORTHBRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1201 N. JACKS LAKE ROAD CLERMONT, FL 34711 US			Mailing Address P.O. BOX 120065 CLERMONT, FL 34712-0065 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04082008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-3329257	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRICE, STELLA M. 1312 N. JACKS LAKE ROAD CLERMONT, FL 34711			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLAND, ZACHARY	NAME			
STREET ADDRESS	1309 N. JACKS LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, WILLIAM	NAME			
STREET ADDRESS	1312 N. JACKS LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, SUSAN	NAME			
STREET ADDRESS	1105 NORTH RIDGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACNAUGHTON, MONICA	NAME			
STREET ADDRESS	1215 JACKS LAKE RD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILL, JOHN	NAME			
STREET ADDRESS	1304 N. JACKS LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, STELLA M	NAME			
STREET ADDRESS	1312 N JACKS LAKE RD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Zachary Noland</i>		ZACHARY NOLAND		4-8-08 352-394-1142	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	