

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N95000000971

Entity Name: NORTHRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1201 N. JACKS LAKE ROAD
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120065
CLERMONT, FL 347120065 US

New Mailing Address:

FEI Number: 59-3329257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRICE, STELLA M.
1312 N. JACKS LAKE ROAD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOLAND, ZACHARY
Address: 1309 N. JACKS LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: PRICE, WILLIAM
Address: 1312 N. JACKS LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: JONES, SUSAN
Address: 1105 NORTH RIDGE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HAMILL, JOHN
Address: 1304 N. JACKS LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: TS () Delete
Name: PRICE, STELLA M
Address: 1312 N JACKS LAKE RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARY NOLAND

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date