

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 08, 2011
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
Name: COONS, SHAWN
Address: 1352 LAUREL HILL DR.
City-St-Zip: CLERMONT, FL 34711 US

Title: VPD
Name: JONES, SUSAN
Address: 1105 NORTH RIDGE BLVD.
City-St-Zip: CLERMONT, FL 34711 US

Title: SD
Name: CORTES, ROGER
Address: 1393 WILLOW WIND DR.
City-St-Zip: CLERMONT, FL 34711 US

Title: T
Name: PRICE, STELLA M
Address: 1312 N. JACKS LAKE RD.
City-St-Zip: CLERMONT, FL 34711 US

Title: .
Name: ., . .
Address: .
City-St-Zip: ., . .

I hereby 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 all other like empowered.

SIGNATURE: SHAWN COONS

PD

07/08/2011

Electronic Signature of Signing Officer or Director

_____ Date