

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 034 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *19500000971*
 1. Entity Name
**Northridge Lake County Homeowners
 Association, Inc.**



DO NOT WRITE IN THIS SPACE

90008717

2. Principal Place of Business
1201 N Jacks Lake Road
 Subd., Apt. #, etc.

3. Mailing Address
1201 N Jacks Lake Road
 Subd., Apt. #, etc.

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

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

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of Current Registered Agent

Name **Stephen J. Berlinsky**

Street Address (P.O. Box Number is Not Acceptable) **135 West Central Blvd, Suite 730**

City **ORLANDO** FL Zip Code **32801**

**DO NOT WRITE
 IN THIS SPACE**

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: _____ DATE: _____

FEE IS \$61.25 Initial or Amended UBR

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	Director and President Berlinsky, Stephen J. 1217 N. Jacks Lake Rd Clermont, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director and Vice President Godek, Robert J. 302 Laurel Cove Court Clermont FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director D'Agnillo, Vincent 1301 N Jacks Lake Road Clermont FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Mulherin, Debra C. 1305 N Jacks Lake Road Clermont FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jones, Susan J. 1105 N Ridge Blvd Clermont, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(j), 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 on an attachment with an address, with all other file attachments.

SIGNATURE: *Stephen J. Berlinsky* Stephen J. Berlinsky January 17, 2003 (407) 426-2010

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Phone #

CR-EE-0378 (1/2/02)