2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05549

FILED Mar 25, 2011 Secretary of State

Entity Name: NORTH RIDGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1485 NORTHRIDGE DR. LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

860 NORTH SR 434 SUITE 1009

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2646542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MARILYN C. 860 NORTH SR 434 SUITE 1009 ALTAMONTE SPRINGS, FL 32714 US

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: [

 Name:
 GOETZ, ROBERT

 Address:
 1234 BAYPOINT CT

 City-St-Zip:
 LONGWOOD, FL 32750 US

Title: T

 Name:
 PEEBLES, MARK

 Address:
 1334 GRACE VIEW CT

 City-St-Zip:
 LONGWOOD, FL 32750 US

Title: VP

Name: KAMRATH, MARK

Address: 1377 S . RIDGE LAKE CIRCLE City-St-Zip: LONGWOOD, FL 32750 US

Title:

Name: LEBLANC, CYNTHIA S Address: 1472 NORTHRIDGE DR. City-St-Zip: LONGWOOD, FL 32750 US

Title: F

 Name:
 JAEGER, HARRY

 Address:
 1215 BAYPOINT CT.

 City-St-Zip:
 LONGWOOD, FL 32750 US

Title: MGF

 Name:
 HERNQUIST, EDITH A MGR

 Address:
 860 NORTH S.R. 434, SUITE 1009

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714 US

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: EDITH HERNQUIST MGR 03/25/2011