

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751786

1. Entity Name
NORTHRIDGE, A CONDOMINIUM, INC.



FILED

04 JAN 16 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2040335
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, F PALMER
306 E. COLLEGE AVENUE
P.O. BOX 1169
TALLAHASSEE, FL 32302

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FARRELL, WILLIAM M 2917 LIVINGSTON RD TALLAHASSEE FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MOODY, JOY Y 2917 LIVINGSTON RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYATT, PAUL L 2917 LIVINGSTON ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/04--01005--003 \$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William M Farrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

850
562-4996

Daytime Phone #