


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 751786 1. Entity Name NORTHRIDGE, A CONDOMINIUM, INC.	
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Principal Place of Business 2917 LIVINGSTON ROAD SUITE 201 TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 182649 TALLAHASSEE, FL 32318
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2040335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000179764
01/13/05-80032-007 61.25

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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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 1-11-05 850 562-4996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #