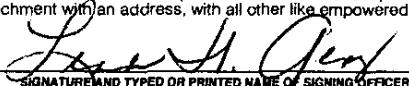


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 031 ****61.25

DOCUMENT # N00000003124					
1. Entity Name NORTHEDGE GARDENS OWNER'S ASSOCIATION, INC.					
Principal Place of Business 1948 WOODCREST RIDGE FT. WALTON BEACH, FL 32547			Mailing Address 714-B BOB SIKES BLVD. 1970 WOODCREST RIDGE FT. WALTON BEACH, FL 32547		
2. Principal Place of Business		3. Mailing Address 1970 WOODCREST RIDGE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FT WALTON BEACH FL			
Zip	Country	Zip 32547	Country USA		
4. FEI Number 59-3640072				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, DEBBIE 1948 WOODCREST RIDGE FT. WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, LINDA 1970 WOODCREST RIDGE FT. WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, GEORGE 1964 WOODCREST RIDGE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, DEBBIE 1948 WOODCREST RIDGE FT. WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAVER, KATHY 1960 WOODCREST RIDGE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMBERGER, LINDA 1958 WOODCREST RIDGE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)				
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: 			3/11/04 (850) 863-2205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					