


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

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90014 034 \*\*\*\*61.25

**DOCUMENT # N00000003124**

1. Entity Name  
 NORTHBRIDGE GARDENS OWNER'S ASSOCIATION, INC.



Principal Place of Business  
 1948 WOODCREST RIDGE  
 FT. WALTON BEACH, FL 32547

Mailing Address  
 1970 WOODCREST RIDGE  
 FT. WALTON BEACH, FL 32547

2. Principal Place of Business  
**1958 WOODCREST RIDGE**

3. Mailing Address  
**1958 WOODCREST RIDGE**

Suite, Apt. #, etc.

City & State  
**FT. WALTON BEACH, FL**

City & State  
**FT. WALTON BEACH, FL**

Zip  
**32547**

Country



01052005 Chg-NP CR2E037 (10/03)

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 **Lynda Umberger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1958 WOODCREST RIDGE**  
 City **FT WALTON BEACH FL** Zip Code **32547**

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 **Lynda Umberger, President** *Lynda Umberger* **January 6, 2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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**

**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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UMBERGER, LYNDA 1958 WOODCREST RIDGE FT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, GEORGE 1964 WOODCREST RIDGE FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, DEBBIE 1948 WOODCREST RIDGE FT. WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANLEY, NANCY 1954 WOODCREST RIDGE FT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAVER, KATHY 1960 WOODCREST RIDGE FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYNN, WANDA 1962 WOODCREST RIDGE FT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMBERGER, LINDA 1958 WOODCREST RIDGE FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lynda Umberger* **Lynda Umberger, Pres.** **Jan 6, 2005** **(850) 862-1373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #