

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003124

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: NORTHRIDGE GARDENS OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1958 WOODCREST RIDGE  
FT. WALTON BEACH, FL 32597

**New Principal Place of Business:**

**Current Mailing Address:**

1958 WOODCREST RIDGE  
FT. WALTON BEACH, FL 32597

**New Mailing Address:**

FEI Number: 59-3640072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UMBERGER, LYNDA  
1958 WOODCREST RIDGE  
FT. WALTON BEACH, FL 32547      US

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

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: SD ( ) Delete  
Name: UMBERGER, LYNDA  
Address: 1958 WOODCREST RIDGE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: TD ( ) Delete  
Name: NANLEY, NANCY  
Address: 1954 WOODCREST RIDGE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: PD ( ) Delete  
Name: MCCULLEN, BEVERLY  
Address: 1952 WOODCREST RIDGE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: UMBERGER, LYNDA  
Address: 1958 WOODCREST RIDGE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCCULLEN, BEVERLY  
Address: 1952 WOODCREST RIDGE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SEC ( ) Change (X) Addition  
Name: DEEVER, KATHY  
Address: 1960 WOODCREST RIDGE  
City-St-Zip: FT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNDA J UMBERGER

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date