

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003124

FILED
Mar 25, 2009
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:

1958 WOODCREST RIDGE
FT. WALTON BEACH, FL 32547

Current Mailing Address:

1958 WOODCREST RIDGE
FT. WALTON BEACH, FL 32597

New Mailing Address:

1958 WOODCREST RIDGE
FT. WALTON BEACH, FL 32547

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 UMBERGER

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date