


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 044 ****70.00

DOCUMENT # N0100001026

1. Entity Name
NORTHRIDGE HOMEOWNERS ASSN. OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
P.O. BOX 26117 **P.O. BOX 26117**
JACKSONVILLE FL 32218 **JACKSONVILLE FL 32218**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3140926 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
CODY, ADRIAN L
11381 BLOSSOM RIDGE DR
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent
 Name **William Robinson**
 Street Address (P.O. Box Number is Not Acceptable) **11541 Birch Forest Circle East**
Jacksonville, Florida
 City State **FL** Zip Code **32218**

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: *William Robinson* DATE: **2-7-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - 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

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	CODY, ADRIAN L	
STREET ADDRESS	11381 BLOSSOM RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	11541 BIRCH FOREST CIRCLE E.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCCRAW, ARTHUR	
STREET ADDRESS	2374 ISLAND SHORE DR S.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOWDEN, COLETTE	
STREET ADDRESS	P.O. BOX 26117	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Colette Snowden* DATE: **2-7-05** DAYTIME PHONE #: **904-399-8413**

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