2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001026

FILED Feb 28, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 26117
JACKSONVILLE, FL 32218

11421 BLOSSOM RIDGE DRIVE
JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

P.O. BOX 26117 JACKSONVILLE, FL 32218

FEI Number: 59-3140926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

YOUNG, DANA

JONES, JR., WALTER L P
11475 BLOSSOM RIDGE DR

JACKSONVILLE, FL 32218 US

JACKSONVILLE, FL 32218 US

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: WALTER L. JONES, JR. 02/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ROBINSON, WILLIAM
 Name:
 JONES, JR., WALTER L MR.

 Address:
 11541 BIRCH FOREST CIR, E
 Address:
 11421 BLOSSOM RIDGE DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: CD () Delete Title: (X) Change () Addition MCCRAW, ARTHUR Name: ROBINSON, WILLIAM MR. Name: Address: 2374 ISLAND SHORE DR S. Address: 11541 BIRCH FOREST CIR. E. City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: (X) Change () Addition SMITH, JACQUELINE MRS. SNOWDEN, COLETTE Name: Name: 11428 BLOSSOM RIDGE DRIVE Address: P.O. BOX 26117 Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete Title: TD (X) Change () Addition Name: YOUNG, DANA Name: MC FATTEN, LEVI MR.

Address: 11475 BLOSSOM RIDGE DR Address: 11429 BLOSSOM RIDGE DR City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: CD () Change (X) Addition

 Name:
 Name:
 MCCRAW, ARTHUR

 Address:
 Address:
 2374 ISLAND SHORE DR S.

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32218

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: WALTER L. JONES, JR. PD 02/28/2007