

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001026

FILED
Feb 03, 2008
Secretary of State

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

Current Principal Place of Business:

11421 BLOSSOM RIDGE DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26117
JACKSONVILLE, FL 32218

New Mailing Address:

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

Name and Address of Current Registered Agent:

JONES, JR., WALTER L P
11421 BLOSSOM RIDGE DRIVE
JACKSONVILLE, FL 32218 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: JONES, JR., WALTER L MR.
Address: 11421 BLOSSOM RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: ROBINSON, WILLIAM MR.
Address: 11541 BIRCH FOREST CIR. E.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: SMITH, JACQUELINE MRS.
Address: 11428 BLOSSOM RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: MC FATTEN, LEVI MR.
Address: 11429 BLOSSOM RIDGE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: CD (X) Delete
Name: MCCRAW, ARTHUR
Address: 2374 ISLAND SHORE DR S.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WESTMORELAND,, MONICA MRS.
Address: 11397 BLOSSOM RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: SHELWOOD,, HOWARD MR.
Address: 11413 BLOSSOM RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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: WALTER L. JONES, JR.

PD

02/03/2008

Electronic Signature of Signing Officer or Director

_____ Date