2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N02000000105

Entity Name: NORTHBRIDGE AT LAKE PRETTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 03-0409640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: DPT ( ) Delete
Name: MYERS, W PARKINSON
Address: 15436 NORTH FLORIDA AVE STE 101
City-St-Zip: TAMPA, FL 33613

Title: DS ( ) Delete
Name: FRANSEN, VICTOR
Address: 8221 OLD COURTHOUSE RD STE 204
City-St-Zip: VIENNA, VA 22182

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DENT, DAVE
Address: 7902 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

Title: VPD (X) Change ( ) Addition
Name: ROSENBAUM, KEN
Address: 9910 MENANDER WOOD CT
City-St-Zip: ODESSA, FL 33556

Title: SD ( ) Change (X) Addition
Name: KOSARZYCKI, ROXANNE
Address: 9933 MENANDER WOOD CT
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Change (X) Addition
Name: BEHRENS, PAUL
Address: 7905 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Change (X) Addition
Name: MALOUF, JASON
Address: 8840 NORTH HIMES AVE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVE DENT PD 04/12/2005

Electronic Signature of Signing Officer or Director — Date