2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000105

FILED Feb 28, 2006 Secretary of State

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

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

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

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

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

HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 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:

Flacture Constant Desirbure Annual

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DENT, DAVE
 Name:

 Address:
 7902 FOXCATCHER CT
 Address:

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:

Title: VPD () Delete Title: PD (X) Change () Addition Name: ROSENBAUM, KEN Name: ROSENBAUM, KEN

Address: 9910 MENANDER WOOD CT Address: 9910 MENANDER WOOD CT

City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

Title: SD () Delete Title: SD (X) Change () Addition Name: KOSARZYCKI, ROXANNE Name: SMITH, JOHN

Address: 9933 MENANDER WOOD CT Address: 1340 PRESERVATION WAY

City-St-Zip: ODESSA, FL 33556 City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete Title: TD (X) Change () Addition
Name: BEHRENS, PAUL Name: HOROWITZ, WAYNE

Address: 7905 FOXCATCHER CT Address: 7911 FOXCATCHER CT City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

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

 Name:
 MALOUF, JASON
 Name:
 MAGGIO, ROBERT

 Address:
 8840 NORTH HIMES AVE
 Address:
 7909 FOXCATCHER CT

 City-St-Zip:
 TAMPA, FL 33614
 City-St-Zip:
 ODESSA, FL 33556

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: KEN ROSENBAUM PD 02/28/2006