2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
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: TD ( ) Delete
Name: HANSELMAN, JOHN
Address: 9912 MENANDER WOOD CT
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: SMITH, JOHN
Address: 7903 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

Title: VPD ( ) Delete
Name: HOROWITZ, WAYNE
Address: 7911 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

Title: PD ( ) Delete
Name: MAGGIO, ROBERT
Address: 7909 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

Title: SD ( ) Delete
Name: DEBT, MADELINE
Address: 7902 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: SHAMPAINE, KAREN
Address: 9924 MEANDER WOOD CT
City-St-Zip: ODESSA, FL 33556

Title: VPD (X) Change ( ) Addition
Name: MASUT, ANGELO
Address: 7909 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition
Name: MAGGIO, ROBERT
Address: 7909 FOXCATCHER CT
City-St-Zip: ODESSA, FL 33556

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

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: MADELINE DENT PD 04/07/2008

Electronic Signature of Signing Officer or Director — Date