


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90204 002 \*\*\*\*61.25

<b>DOCUMENT # N04000008807</b> 1. Entity Name LAKE RIDGE VILLAS NORTH AT FLEMING ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6620 SOUTHPOINT DR SOUTH, STE 400 JACKSONVILLE, FL 32216			Mailing Address 6620 SOUTHPOINT DR SOUTH, STE 400 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>475 West Town Place</b> Suite, Apt. #, etc. <b>Suite 100</b>			
City & State Zip		City & State <b>ST. AUGUSTINE, FL</b> Zip <b>32092</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20-1653851</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SOVERN TRENT SERVICES, INC C/O STEPHEN E TYAS 475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092			7. Name and Address of New Registered Agent Name <b>SEVERN TRENT SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O</b> <b>475 W. TOWN PLACE, Suite 100</b> City <b>ST. AUGUSTINE</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIEN, CATHY 6620 SOUTHPOINT DR S, STE 440 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRICK, CATHY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WICKER, SARAH 6620 SOUTHPOINT DR SOUTH, STE 400 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOYD, LISA 6620 SOUTHPOINT DR S, STE 400 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Cathy Trick</u> <u>Cathy Trick</u> <u>Vice President</u> <u>4-21-06</u> <u>(904)296-4551</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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LRV North 014  
4/12/06  
0: 6235  
ATTACHMENT  
Total  
Annual Corporate Report  
40063849  
ENTERED  
4-13-06

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City & State		City & State St. Augustine, FL	
Zip 32092	Country U.S.A.	4. FEI Number 20-1653851	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
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