2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(904)296-4551 Daylime Phone #

DOCUMENT # N0400008807 1. Entity Name LAKE RIDGE VILLAS NORTH AT FLEMING ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.								J4-20-2000 902	204 002 ****6	01.23	
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 P	Place of Busin	ness	3. Mailing Address 475 NEST TOWN PLACE								
Suite, Apt. #, etc.			Suite, Apt. #, etc. SuiTE 100				04052006 Ch	ng-NP CR	2E037 (11/05)		
City & State			City & State ST. Augustine, FL				4. FEI Number 20-165385	1		pplied For at Applicable	
Zip		Country	Zip 3 A		Country U.S.A		5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered	Agent			7. Name and Add	ress of New Registe	ered Agent		
SOVERN TRENT SERVICES, INC C/O STEPHEN E TYAS 475 W TOWN PLACE, STE 100						Name SEVERN Trent Setvices, INC. Street Address (P.O. Box Number is Not Acceptable) 475 W. Town Place, Swite 100 City ST. Albastine FL Zip Code 32092					
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.											
SIGNATURE .		or printed name of registered agen	it and title if applica	NOTE:	Registered Agent s	gnature required	d when reinstating)		DATE		
	_	e is \$61.25 lay 1, 2006		9. Election Camp Trust Fund Co		g 🗆	\$5.00 May Be Added to Fees		check payable to repartment of St		
10.		OFFICERO AND D	DECTOR		11.						
		OFFICERS AND D	IRECTORS		1 111.		ADDITIONS/CHANGI	ES TO OFFICERS AN	ND DIRECTORS IN	10	
TITLE	VP		IRECTORS	☐ Delete	TITLE				ND DIRECTORS IN Change	10 Addition	
NAME	TRIEN, C	ATHY		☐ Delete	: TITLE NAME	TR	ICK, CA THY				
NAME STREET ADDRESS	TRIEN, C. 6620 SOL	ATHY JTHPOINT DR S, STE		☐ Delete	TITLE NAME STREET ADDRE	TR					
NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SOL JACKSON	ATHY			: TITLE NAME STREET ADDRE CITY-ST-ZIP	TR			Change	Addition	
NAME STREET ADDRESS	TRIEN, C. 6620 SOL	ATHY JTHPOINT DR S, STE IVILLE, FL 32216		☐ Delete	TITLE NAME STREET ADDRE	TR					
NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SQL JACKSON DV WICKER,	ATHY JTHPOINT DR S, STE IVILLE, FL 32216	440		TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	TR SS			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON	ATHY JTHPOINT DR S, STE IVILLE, FL 32216 SARAH	440		TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	TR SS			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216	440		TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	TR SS			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS	ATHY JTHPOINT DR S, STE IVILLE, FL 32216 SARAH JTHPOINT DR SOUTH IVILLE, FL 32216	440 H, STE 400	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SS TR			Change ☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216	440 H, STE 400	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	SS TR			Change ☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	SS TR			Change ☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SS TR			Change ☐ Change ☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	SS TR			Change ☐ Change ☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SS TR			Change ☐ Change ☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS TR			Change ☐ Change ☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE STREET ADDRE	SS TR			Change ☐ Change ☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	Delete Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS TR			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE	SS TR			Change ☐ Change ☐ Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SOL JACKSON DV WICKER, 6620 SOL JACKSON DST BOYD, LIS 6620 SOL	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 H, STE 400	Delete Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS TR			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, C. 6620 SQL JACKSON DV WICKER, 6620 SQL JACKSON DST BOYD, LIS 6620 SQL JACKSON	ATHY JITHPOINT DR S, STE NVILLE, FL 32216 SARAH JITHPOINT DR SOUTH NVILLE, FL 32216 SA JITHPOINT DR S, STE NVILLE, FL 32216	440 H, STE 400 400	Delete Delete Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS TR SS SS SS SS SS	ick, Cathy		☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE	TRIEN, C. 6620 SQL JACKSON DV WICKER, 6620 SQL JACKSON DST BOYD, LI: 6620 SQL JACKSON	ATHY JTHPOINT DR S, STE NVILLE, FL 32216 SARAH JTHPOINT DR SOUTH NVILLE, FL 32216 SA JTHPOINT DR S, STE	440 400 400	Delete Delete Delete Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREE	SS SS SS SS Contained all have the Chapter 61'	ICK, CATHY	rida Statutes. I furthe if made under oath; t id that my name app	Change Change Change Change	Addition Addition Addition Addition Addition	

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

20	06 NOT-FOR-PR ANNUA	OFIT CORP L REPORT	ORATIO	N	endor:	RV Mod	h 014	ر [4. ٠	12/06
1. Entity Nam LAKE RIE	MENT # N040000 DGE VILLAS NORTH AT F TION CONDOMINIUM ASS	0i. 6.	735	AFTA	ICH Total Jaco	INENT te Report			
6620 SOUTH	e of Business HPOINT DR SOUTH, STE 400 LE, FL 32216		Mailing Address 6620 SOUTHPOINT DR SOUTH, STE 400 JACKSONVILLE, FL 32216			SA: XX (4)	200_ NM 3 3840	1	ENTERE U.B.O.
Principal P Suite, Apt.	face of Business	3. Mailing Address 475 West	3. Mailing Address 475 WEST TOWN PLACE Suite, Apt. #, etc.						
City & State		SWITE 100	SKITE 100			hg-NP	CR2E037 (1	·	plied For
Zip	Country	City & State ST. Aug-us Tin Zip	Je, FL		20-165385	1	£0.7	Not	t Applicable
	6. Name and Address of Curren	32092	U.S.A	·	Certificate of Si Name and Add		Fee F	Required	
SOVERN TRENT SERVICES, INC C/O STEPHEN E TYAS Name SEVERJ Street Address					Trent Ser P.O. Box Number is				
475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092				475 W. Town Place, SuiTE 100 City ST. AUGUSTINE FL 32092					
	named entity submits this statement ions of registered agent. Stonaure, typed or printed name of registered agent.			ar register	red agent, or both, in	the State of Flo	orida. I am familia	ir with, a	and accept
	Filing Fee is \$61.25 Due by May 1, 2006		Campaign Financing did Contribution.	g 🗆	\$5.00 May Be Added to Fees		laké check pay ida Departmen		
10.	OFFICERS AND D		11.		ADDITIONS/CHANG	ES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRIEN, CATHY 6620 SOUTHPOINT DR S, STE JACKSONVILLE, FL 32216	□ Delete E 440	TITLE NAME STREET ADDRES CITY-ST-ZIP	TR	ick, CATH	1	200	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WICKER, SARAH 6620 SOUTHPOINT DR SOUTH JACKSONVILLE, FL 32216	☐ Delete H, STE 400	TITLE NAME STREET ADDRES CITY-ST-ZIP	38				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOYD, LISA 6620 SOUTHPOINT DR S, STE JACKSONVILLE, FL 32216	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	ss			_	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRES CHY-ST-ZIP	ss				Change	Addition
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and the powered to execute this rep	at my signature sha ort as required by (ill have the	same legal effect as	if made under o	oath; that I am ar	officer -	or director
SIGNAT	URE:	R PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR			Date	Daylime	Phone #	