


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90188 022 ****61.25

DOCUMENT # N04000008807	
1. Entity Name LAKE RIDGE VILLAS NORTH AT FLEMING ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6620 SOUTHPPOINT DR SOUTH, STE 400 JACKSONVILLE, FL 32216	Mailing Address 475 WEST TOWN PLACE SUITE 100 SAINT AUGUSTINE, FL 32092
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40081050



2. Principal Place of Business - No P.O. Box # 12740 Gran Bay Pkwy		3. Mailing Address Suite, Apt. #, etc. 2400	
City & State Jacksonville FL		City & State SAINT AUGUSTINE FL	
Zip 32258	Country USA	Zip 32092	Country FL

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1653851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEVERN TRENT SERVICES, INC C/O 475 W TOWN PLACE, STE 100 SAINT AUGUSTINE, FL 32092		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Sheli Moran as agent for Lake Ridge Villas North* **4/19/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRICK, CATHY 6620 SOUTHPPOINT DR S, STE 440 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Openshaw Vice President 12740 Gran Bay Parkway #2400 Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WICKER, SARAH 12740 Gran Bay Parkway #2400 Jacksonville, FL 32258 <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 - Secretary / Treasurer BOYD, LISA 12740 Gran Bay Parkway Jacksonville, FL 32258 <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	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	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	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.

SIGNATURE: *Sheli Moran* **4/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #