2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N04000008807

Entity Name: LAKE RIDGE VILLAS NORTH AT FLEMING ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12740 GRAN BAY PKWY
2400
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

475 WEST TOWN PLACE
SUITE 100
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-1653851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC
C/O
475 W TOWN PLACE, STE 100
SAINT AUGUSTINE, FL 32092 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: VD ( ) Delete
Name: PEERY, JASON
Address: 12740 GRAN BAY PKWY. 2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: P ( ) Delete
Name: WICKER, SARAH
Address: 12740 GRAN BAY PKWY STE #2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD ( ) Delete
Name: POLSENO, GINA
Address: 12470 GRAN BAY PKWY. STE. 2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: WICKER, SARAH
Address: 12740 GRAN BAY PKWY #2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD (X) Change ( ) Addition
Name: PEERY, JASON
Address: 12740 GRAN BAY PKWY STE #2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Change ( ) Addition
Name: ISLEY, DONNA
Address: 1500-1701 CALMING WATER DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D ( ) Change (X) Addition
Name: BURTON, ANDY
Address: 12740 GRAN BAY PARKWAY #2400
City-St-Zip: JACKSONVILLE, FL 32258

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: SARAH WICKER TD 04/22/2009

Electronic Signature of Signing Officer or Director — Date