
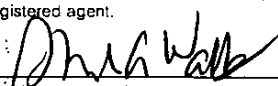
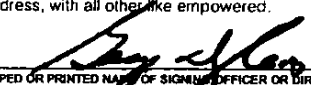


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90207 007 ****61.25

DOCUMENT # N05000008947 1. Entity Name NORTH RIDGE PROFESSIONAL CENTER PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 7222 SR 544 E STE 215 WINTER HAVEN, FL 33881			Mailing Address 7222 SR 544 E STE 215 WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box # 160 East Lake Howard Drive		3. Mailing Address 160 East Lake Howard Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Haven		City & State Winter Haven.		4. FEI Number 20-2518196	
Zip 33881		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, BRUCE A 7222 SR 544 E STE 215 WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Sheryl A. Watts, Administrator Street Address (P.O. Box Number is Not Acceptable) 160 East Lake Howard Drive City Winter Haven FL Zip Code 33881		
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  Sheryl A. Watts, Administrator April 24, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME DAVIS, BRUCE A		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 7222 SR 544 E STE 215	CITY-ST-ZIP WINTER HAVEN, FL 33881		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE President	NAME Gary B. Schemmer, M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 215 First Street North	CITY-ST-ZIP Winter Haven, Florida 33881		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE Manager	NAME David M. Misch, M.D		<input type="checkbox"/> Delete		
STREET ADDRESS 250 Avenue K SW, Suite 200	CITY-ST-ZIP Winter Haven, Florida 33880		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE Treasurer	NAME George D. Lyle, M.D.		<input type="checkbox"/> Delete		
STREET ADDRESS 160 East Lake Howard Drive	CITY-ST-ZIP Winter Haven, Florida 33881		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 			April 24, 2008 863-299-1251		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

George D. Lyle, M.D.