

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 14, 2009
Secretary of State**

DOCUMENT# N06000009333

Entity Name: NATURAL BRIDGE RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

213 CREST STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

213 CREST STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-0655174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, KENNETH W
213 CREST STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: FOSTER, KENNETH W
Address: 213 CREST STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: GRING, TERRY
Address: 11304 REGISTER FARM RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: S () Delete
Name: GRING, MELISSA
Address: 11304 REGISTER FARM RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: T () Delete
Name: BROOKE, LAWRENCE
Address: 11244 REGISTER FARM RD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BROOKE LAWRENCE

T

05/14/2009

Electronic Signature of Signing Officer or Director

_____ Date