


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90071 016 ****61.25

DOCUMENT # N17303 1. Entity Name NORTHBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43RD STREET GAINESVILLE, FL 32653 US			Mailing Address 5522 NW 43RD STREET GAINESVILLE, FL 32653 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2959419 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent TENAGLIA, RICHARD A 5522 NW 43RD STREET GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Richard A. Tenaglia c/o Bosshardt Property Mgt. 5522-B NW 43rd Street Gainesville, FL 32653 Zip Code		
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 <u><i>Richard A. Tenaglia, Mgr. 3/8/05</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D GUITTON, JACQUES 8803 NW 35TH PL. GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Monte Williams 8813 NW 35th Place Gainesville, FL 32606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLB, GEORGE 8814 NW 35 PLACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAVAHARI, FRANK 8334 NW 36 AVE. GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZCUNA, CHARLOTTE 8657 NW 35 RD. GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DD WILLIAMSON, PAUL 8824 NW 35 PL. GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PREVATT, KATHY 8712 NW 35 LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> 3-8-05 318-9715 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					