## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17303

FILED Apr 28, 2006 Secretary of State

Entity Name: NORTHRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Pr	rincipal Place	of Business:		New Princ	ipal Place of E	Business:
5522 NW 43RD STREET GAINESVILLE, FL 32653 US				SUITE B	13RD STREET LLE, FL 32653	US
Current Mailing Address:				New Mailing Address:		
5522 NW 43RD STREET GAINESVILLE, FL 32653 US				5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653 US		
FEI Number:	59-2959419	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	ew Registered Agent:
C/O BOSSI 5522B NW GAINESVIL The above		T US	urpose o	C/O BOSS 5522B NW GAINESVII	GLENDA P HARDT PROP! 43RD STREET LLE, FL 32653 ts registered off	「STE B
in the State		INIDOEV				0.4/00/0000
SIGNATUR	RE: GLENDA I Flectroni	_INDSEY c Signature of Registered Age	nt			04/28/2006  Date
OFFICERS	S AND DIRECT			ADDITION	IS/CHANGES 1	O OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () GUITTON, JACO 8803 NW 35TH I GAINESVILLE, F	PL.		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD () WILLIAMS, MON 8813 NW 35TH I GAINESVILLE, F	PLACE		Title: Name: Address: City-St-Zip:	()(	Change()Addition
Title: Name: Address: City-St-Zip:	TD () JAVAHERI, FRAI 8334 NW 36 AVI GAINESVILLE, F	E.		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD () CONNELL, RICH 3533 NW 84TH V GAINESVILLE, F	WAY		Title: Name: Address: City-St-Zip:	D (X) (CONNELL, RICH 3533 NW 84TH V	VAY
Title: Name: Address: City-St-Zip:	PD () WILLIAMSON, P 8824 NW 35 PL GAINESVILLE, F			Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D (X) THOMAS, BRYA 8314 NW 36TH A GAINESVILLE, F	AVE		Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

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SIGNATURE:	PAUL WILLIAMSON	PD	04/28/2006	