

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17303

FILED
Apr 27, 2009
Secretary of State

Entity Name: NORTHRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5522 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-2959419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, CAROL
40 BOSSGAROT PROPERTY MGMT
5522B NW 43RD STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

MORALES, CAROL
C/O BOSSHARDT PROPERTY MGMT
5522-B NW 43RD STREET
GAINESVILLE, FL 32653 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUITTON, JACQUES
Address: 8803 NW 35TH PL.
City-St-Zip: GAINESVILLE, FL 32606

Title: PD () Delete
Name: WILLIAMS, MONTE
Address: 8813 NW 35TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: JAVAHERI, FRANK
Address: 8334 NW 36 AVE.
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: PARKS, DEBBIE
Address: 8814 NW 35 PL
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: IZON, ANGELITO
Address: 8522 NW 35 RD.
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: VERDREAM, SHAWN
Address: 8735 NW 35 LANE
City-St-Zip: GAINESVILLE, FL 32606

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:

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: MONTE WILLIAMS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date