


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90189 021 \*\*\*\*61.25

<b>DOCUMENT # N95000000971</b>					
<b>1. Entity Name</b> NORTHBRIDGE LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1201 N. JACKS LAKE ROAD CLERMONT, FL 34711 US			<b>Mailing Address</b> P.O. BOX 120065 CLERMONT, FL 34711 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3329257	
34712-0065		34712-0065		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PRICE, STELLA M. 1312 N. JACKS LAKE ROAD CLERMONT, FL 34711			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> NOLAND, ZACHARY 1309 N. JACKS LAKE ROAD CLERMONT, FL 34711		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> PRICE, WILLIAM 1312 N. JACKS LAKE ROAD CLERMONT, FL 34711		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JONES, SUSAN 1105 NORTH RIDGE BLVD CLERMONT, FL 34711		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> NEBERT, JIM 214 PLEASANT HILL DRIVE CLERMONT, FL 34711		<input checked="" type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HAMILL, JOHN 1304 N. JACKS LAKE ROAD CLERMONT, FL 34711		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> John Phillips 1326 Willow Wind Dr. Clermont, FL 34711		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> Stella M. Price 1312 N. Jacks Lake Rd. Clermont, FL 34711		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>William Price</u> <b>WILLIAM PRICE</b> <span style="float: right;">4-17-06 352-394-1142</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					