

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000707

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** LONG RIDGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 560026  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

LONG RIDGE HOMEOWNERS ASSOC  
PO BOX 560026  
MONTVERDE, FL 34756

**New Mailing Address:**

**FEI Number:** 59-3647112      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLON JENKINS, MICHELLE  
16030 KEALAN CIRCLE  
MONTVERDE, FL 34756      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: D      ( ) Delete  
Name: ESPINOSA, CARLOS  
Address: 16041 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

Title: D      ( ) Delete  
Name: MUSSELWHITE, GARY  
Address: 16012 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

Title: D      ( ) Delete  
Name: MALLON JENKINS, MICHELLE  
Address: 16030 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: CONRAD, ALAN  
Address: 16027 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

Title: D      (X) Change ( ) Addition  
Name: NESBITT, NOEMI  
Address: 16018 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

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

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.

SIGNATURE: MICHELLE MALLON JENKINS

D

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date