2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000707

FILED Mar 21, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 560026 17541 LONG RIDGE DRIVE MONTVERDE, FL 34756 MONTVERDE, FL 34756

Current Mailing Address: New Mailing Address:

LONG RIDGE HOMEOWNERS ASSOC PO BOX 560026 MONTVERDE, FL 34756

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

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

MALLON JENKINS, MICHELLE MILBURN, MICHELLE R 16030 KEALAN CIRCLE 17541 LONG RIDGE DRIVE MONTVERDE, FL 34756 US MONTVERDE, FL 34756

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: MICHELLE MILBURN 03/21/2007

> Electronic Signature of Registered Agent Date

> > Title:

OFFICERS AND DIRECTORS:

() Delete

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CONRAD, ALAN PAPAJIK, JOHN Name: Name:

16027 KEALAN CIRCLE Address: 16123 KEALAN CIRCLE Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

Title: () Delete Title: (X) Change () Addition MILBURN, MICHELLE R Name: NESBITT, NOEMI Name: Address: 16018 KEALAN CIRCLE Address: 17541 LONG RIDGE DRIVE

City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

(X) Change () Addition MALLON JENKINS, MICHELLE Name: MUSSELWHITE, VIRGINIA Name: 16030 KEALAN CIRCLE 16012 KEALAN CIRCLE Address: Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

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 MILBURN V 03/21/2007