

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000707

FILED  
Jul 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

17541 LONG RIDGE DRIVE  
MONTVERDE, FL 34756

**New Principal Place of Business:**

16018 KEALAN CIRCLE  
MONTVERDE, FL 34756

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MILBURN, MICHELLE R  
17541 LONG RIDGE DRIVE  
MONTVERDE, FL 34756      US

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

BUTLER, MONIKA E  
16018 KEALAN CIRCLE  
MONTVERDE, FL 34756      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: MONIKA BUTLER

07/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILES, SHERRY  
Address: 17630 BETANBOB LANE  
City-St-Zip: MONTVERDE, FL 34756

Title: V ( ) Delete  
Name: BARNETT, DAWN  
Address: 17641 BETANBOB LANE  
City-St-Zip: MONTVERDE, FL 34756

Title: T ( ) Delete  
Name: MILBURN, MICHELLE  
Address: 17541 LONG RIDGE DRIVE  
City-St-Zip: MONTVERDE, FL 34756

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

Title: P (X) Change ( ) Addition  
Name: NICHOLS, WAYNE SR.  
Address: 17616 BETANBOB LANE  
City-St-Zip: MONTVERDE, FL 34756

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

Title: T (X) Change ( ) Addition  
Name: BUTLER, MONIKA E  
Address: 16018 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

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: MONIKA BUTLER

T

07/14/2009

Electronic Signature of Signing Officer or Director

Date