

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90410 030 ****61.50

DOCUMENT # N99000005229					
1. Entity Name NORTH RIDGE II HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.					
Principal Place of Business 1366 WILLOW CREST DR CLERMONT, FL 34711			Mailing Address 1366 WILLOW CREST DR CLERMONT, FL 34711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3605694	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THAYER, CAROL 1366 WILLOW CREST DR CLERMONT, FL			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME THAYER, CAROL		TITLE	NAME	
STREET ADDRESS 1366 WILLOW CREST DR	CITY-ST-ZIP CLERMONT, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME CARRIER, JEFFREY		TITLE	NAME	
STREET ADDRESS 1323 HILLVIEW DRIVE	CITY-ST-ZIP SAINT CLOUD, FL 34771		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME BEATTY, CYNTHIA K		TITLE	NAME	
STREET ADDRESS 1343 WILLOW CREST DR	CITY-ST-ZIP CLERMONT, FL 34711		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME BARUCH, SHANNON		TITLE	NAME	
STREET ADDRESS 1337 WILLOW CREST DRIVE	CITY-ST-ZIP CLERMONT, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME COONS, VICKI		TITLE	NAME	
STREET ADDRESS 1385 WILLOW CREST DR	CITY-ST-ZIP CLERMONT, FL 34711		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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.					
SIGNATURE:		Shannon Baruch		4/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		352-243-5386	
				Daytime Phone #	