


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N99000005229 1. Entity Name NORTH RIDGE II HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.	
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Principal Place of Business 1366 WILLOW CREST DR CLERMONT, FL 34711	Mailing Address 1366 WILLOW CREST DR CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3605694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THAYER, CAROL 1366 WILLOW CREST DR CLERMONT, FL
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000701596 04/20/07-80062-026 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAYER, CAROL 1366 WILLOW CREST DR CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARUCH, SHANNON 1337 WILLOW CREST DRIVE CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COONS, VICKI 1385 WILLOW CREST DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 K. BARUCH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	TREASURER 4/7/07 352-243-1695 <small>Daytime Phone #</small>
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