

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005229

FILED
Apr 21, 2009
Secretary of State

Entity Name: NORTH RIDGE II HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

1366 WILLOW CREST DR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1366 WILLOW CREST DR
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3605694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAYER, CAROL
1366 WILLOW CREST DR
CLERMONT, FL US

Name and Address of New Registered Agent:

THAYER, CAROL
1366 WILLOW CREST DR
CLERMONT, FL 34711 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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THAYER, CAROL
Address: 1366 WILLOW CREST DR
City-St-Zip: CLERMONT, FL

Title: TD () Delete
Name: BARUCH, SHANNON
Address: 1337 WILLOW CREST DRIVE
City-St-Zip: CLERMONT, FL

Title: SD () Delete
Name: COONS, VICKI
Address: 1385 WILLOW CREST DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THAYER, CAROL
Address: 1366 WILLOW CREST DR
City-St-Zip: CLERMONT, FL 34711 US

Title: TD (X) Change () Addition
Name: BARUCH, SHANNON
Address: 1337 WILLOW CREST DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: SD (X) Change () Addition
Name: BARUCH, SHANNON
Address: 1337 WILLOW CREST DRIVE
City-St-Zip: CLERMONT, FL 34711

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: SHANNON K. BARUCH

TSD

04/21/2009

Electronic Signature of Signing Officer or Director

Date