2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741419

FILED Jan 19, 2009 Secretary of State

Entity Name: RIDGEWAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8347 SE SWAN AVE HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** 8347 SE SWAN AVE HOBE SOUND, FL 33455 FEI Number: 59-2248093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREIG, GEORGE A GREIG, GEORGE A 8286 SÉ WREN 7063 SÉ REDBIRD CIRCLE HOBE SOUND, FL 33455 US HOBE SOUND, FL 33455 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: 01/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DEMARCO, EDWARD GREIG, GEORGE A Name: Name: 8497 SE SWAN Address: 7063 SE REDBIRD CIRCLE Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: () Delete Title: 1VP (X) Change () Addition WILLIS, RICHARD Y Name: AYERS, EVELYN Name: Address: 8252 SE SKYLARK Address: 7668 SE SWAN AVE City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: () Delete Title: () Change () Addition CHARTRAND, JOSEPH Name: Name: 7138 SE SEAHAWK Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: SMITH, LARRY Name: Address: 8498 SE SWAN Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEAULIEU, EUGENE MONTGOMERY, MAXINE Name: Name: 8295 SE WREN 7867 SE SWAN AVE Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: () Delete Title: () Change () Addition FENNER, DORIS J Name: Name: Address: 7126 SE BLUEBIRD CIR Address: HOBE SOUND, FL 33455 City-St-Zip: City-St-Zip:

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: DORIS J. FENNER TR 01/19/2009