


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90059 037 ****70.00

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| DOCUMENT # N01000003622 |  |
| 1. Entity Name ARNOLD RIDGE HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 97087 CHIMNEY RIDGE CT YULE, FL 32097 | Mailing Address P.O. BOX 1111 YULEE, FL 32041-1111 |
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| 2. Principal Place of Business - No P.O. Box # 97064 Castle Ridge Dr | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Yulee | City & State |


01072008 Chg-NP CR2E037 (12/06)

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|---|--|
| 4. FEI Number 59-3744777 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILSON, ALAN 97087 CHIMNEY RIDGE CT YULE, FL 32097 | |
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|---|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name Munns, Richard | |
| Street Address (P.O. Box Number is Not Acceptable) 97064 Castle Ridge Dr | |
| City Yulee | FL Zip Code 32097 |

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  Richard Munns 9 Jan 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

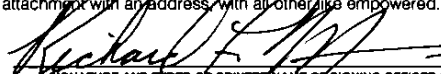
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILSON, ALAN 97087 CHIMNEY RIDGE CT YULE, FL 32097 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MUNNS, RICHARD 97084 CASTLE RIDGE DR YULE, FL 32097 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCSHANE, TOM 97201 CASTLE RIDGE DR YULE, FL 32097 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MUNNS, DORTHORY 97084 CASTLE RIDGE DR YULE, FL 32097 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Munns, Richard 97064 Castle Ridge Dr Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Munns, Dorothy 97064 Castle Ridge Dr Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Richardson, Judy 97037 Castle Ridge Dr Yulee, FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  Richard Munns 1/9/08 904-491-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #