

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90385 014 ****61.25



DOCUMENT # N01000007614
 1. Entity Name
EAST RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
2106 EAST RIDGE CIR EAST PO BOX 291
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33425



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number **04-3642876** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HULSCHER, SASHA
543 E RIDGE CIR S
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name **ANGELA Cole**
 Street Address (P.O. Box Number is Not Acceptable) **2106 E Ridge Circle East**
 City **Boynton Beach**
 State **FL** Zip Code **33435**

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 *[Signature]* - **President/Treasurer** DATE **4/4/07**
(NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: SD <input type="checkbox"/> Delete	NAME: NUNEZ, EDWIN STREET ADDRESS: 524 E RIDGE CIR CITY-ST-ZIP: BOYNTON BEACH FL
TITLE: P <input type="checkbox"/> Delete	NAME: COLE, ANGELA STREET ADDRESS: 2106 E RIDGE CIR CITY-ST-ZIP: BOYNTON BEACH FL 33435
TITLE: 2VPD <input checked="" type="checkbox"/> Delete	NAME: SMITH, STACEY STREET ADDRESS: 2102 E RIDGE RD CITY-ST-ZIP: BOYNTON BEACH FL 33435
TITLE: TD <input checked="" type="checkbox"/> Delete	NAME: HULSCHER, SASHA STREET ADDRESS: 543 E RIDGE CIR CITY-ST-ZIP: BOYNTON BEACH FL 33435
TITLE: 1VPD <input type="checkbox"/> Delete	NAME: KELLEHER, JERRY STREET ADDRESS: 2114 EAST RIDGE CIR CITY-ST-ZIP: BOYNTON BEACH FL 33435
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: 2VPD Smith, Roderick STREET ADDRESS: 2102 E Ridge Rd CITY-ST-ZIP: Boynton Beach, FL 33435
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: 2TD Samantha Roland STREET ADDRESS: 2102 East Ridge Circle East CITY-ST-ZIP: Boynton Beach FL 33435
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* DATE: **4/4/07** ID: **501-543-4700**