
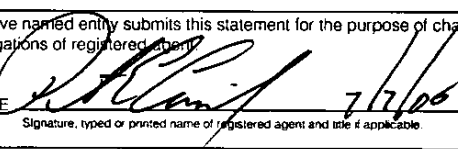
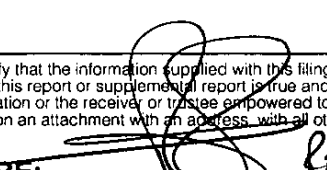


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 18 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000006883			
1. Entity Name RIDGE BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 250 AVENUE K SOUTHWEST SUITE 103 WINTER HAVEN, FL 33880 US		Mailing Address 250 AVENUE K SOUTHWEST SUITE 103 WINTER HAVEN, FL 33880 US	
2. Principal Place of Business 41040 US HWY 27 Suite, Apt. #, etc.		3. Mailing Address 41040 US HWY 27 Suite, Apt. #, etc.	
City & State Davenport Florida		City & State Davenport Florida	
Zip 33837	Country USA	Zip 33837	Country USA
6. Name and Address of Current Registered Agent CASSIDY, PETER E 250 AVENUE K SOUTHWEST SUITE 103 WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Peter R Blackmore Street Address (P.O. Box Number is Not Acceptable) 41040 US HWY 27 City Davenport FL Zip Code 33837	
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, typed or printed name of registered agent and title if applicable		DATE 7/6/06 (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, PETER E 250 AVENUE K SOUTHWEST SUITE 103 WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter R. Blackmore 41040 US HWY 27 Davenport FL. 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHINEHART, CAROL C 250 AVENUE K SOUTHWEST SUITE 103 WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kulmeet Kundlas 1143 SR 60 E Lake Wales FL. 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, MICHAEL H 250 AVENUE K SOUTHWEST SUITE 103 WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Reidy 255 S. Orange Ave Ste: 1401 Orlando, FL. 32801-3460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/6/06. 863.420.8636 Daytime Phone #	



07062006 Chg-NP CR2E037 (4/06)

4. FEI Number
20-3105779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required