2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N43163

1. Entity Name
RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1050 EAGLE LAKE, FL 33839 US	P.O. BOX 1050 EAGLELAKE, FL 33839 US

DO NOT WRITE IN THIS SPACE

01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3079232
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARIN, KRISTINA
511 RIDGE ACRES DRIVE
WINTER HAVEN,, FL 33880

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TIDWELL, MICHAEL
STREET ADDRESS	527 RIDGE ACRES DR.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	DVP
NAME	MARIN, KRISTINA
STREET ADDRESS	511 RIDGE ACRES DR.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	T
NAME	ROCHA, JUAN
STREET ADDRESS	524 RIDGE ACRES DR.
CITY-ST-ZIP	WINTER HAVEN, FL 338806162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80021-015 61.25

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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: Kristina Marin DVP Kristina 01-25-06 863-324-8435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #