

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90112 007 ****70.00



DOCUMENT # N43832
 1. Entity Name
ROYAL RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**8009 SOUTH ORANGE AVENUE
 ORLANDO, FL 32809-6711 US**

Mailing Address
**LELAND MANAGEMENT
 8009 SOUTH ORANGE AVE
 ORLANDO, FL 32809**



2. Principal Place of Business - No P.O. Box #
300 Citrus Ridge Dr.

3. Mailing Address
300 Citrus Ridge Dr.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State
Davenport FL

City & State
Davenport FL

Zip
33837

Country

4. FEI Number
59-3191654

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LELAND MANAGEMENT, INC.
 8009 S. ORANGE AVE.
 ORLANDO, FL 32765**

7. Name and Address of New Registered Agent
 Name
Katherine Andrews Royal Ridge Homeowners Assoc
 Street Address (P.O. Box Number is Not Acceptable)
300 Citrus Ridge Dr.
 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 **Katherine Andrews / President** DATE **1/8/08**
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, 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	P	<input type="checkbox"/> Delete
NAME	ANDREWS, KATHERINE	
STREET ADDRESS	157 HIGH RIDGE DRIVE	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAVES, DAVID	
STREET ADDRESS	3101 HUNTWICK BLVD	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARR, CAROL	
STREET ADDRESS	3790 HUNTWICKE BLVD	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORTIZ, WANDA	
STREET ADDRESS	103 HIGH RIDGE DRIVE	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	XT	<input type="checkbox"/> Delete
NAME	BELLAS, IRENE	
STREET ADDRESS	619 ROLLINS DRIVE	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, DAVID	
STREET ADDRESS	3213 HUNTWICKE BLVD	
CITY-ST-ZIP	DAVENPORT, FL 33837	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Velazquez, Fernando	
STREET ADDRESS	1443 Belvoir DR	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Glynnda	
STREET ADDRESS	213 Nicholson DR	
CITY-ST-ZIP	Davenport FL 33837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" 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 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: **Katherine Andrews** DATE **1/8/08** DAYTIME PHONE # **863-419-7181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Andrews