

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 15, 2005
Secretary of State**

DOCUMENT# N98000000361

Entity Name: RIVER RIDGE COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10730 U S 19
SUITE 17
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

10730 U S 19
SUITE 17
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3488169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
10730 U S 19
SUITE 17
PORT RICHEY, FL 34668 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYCE, M.D.
Address: 8201 RIVER RIDGE BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VDS () Delete
Name: REYNOLDS, B.J.
Address: 8201 RIVER RIDGE BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: WILLIAMSON, DONA
Address: 8201 RIVER RIDGE BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE BOYCE

PD

09/15/2005

Electronic Signature of Signing Officer or Director

_____ Date