

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 033 \*\*\*\*61.25

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01042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N98000000361</b> 1. Entity Name <b>RIVER RIDGE COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business 10730 U S 19 SUITE 17 PORT RICHEY, FL 34668		Mailing Address 10730 U S 19 SUITE 17 PORT RICHEY, FL 34668	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3488169</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> QUALIFIED PROPERTY MANAGEMENT INC 10730 U S 19 SUITE 17 PORT RICHEY, FL 34668		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RD</del> <del>BOYCE, M.D.</del> <del>8204 RIVER RIDGE BOULEVARD</del> <del>NEWPORT RICHEY, FL 34664</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VDS</del> <del>REYNOLDS, B.J.</del> <del>8204 RIVER RIDGE BOULEVARD</del> <del>NEWPORT RICHEY, FL 34664</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>W</del> <del>WILLIAMSON, DONA</del> <del>8204 RIVER RIDGE BOULEVARD</del> <del>NEWPORT RICHEY, FL 34664</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: 		Date: <b>2/5/06</b> - 927-845-4993	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	