## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002518

Apr 30, 2007 Secretary of State

Entity Name: ROCK SPRINGS RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

882 JACKSON AVE. WINTER PARK, FL 32789

**Current Mailing Address: New Mailing Address:** 

882 JACKSON AVE WINTER PARK, FL 32789

FEI Number: 59-3511407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JORDAN, BRETT 882 JACKSON AVE. WINTER PARK, FL 32789 US

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

RAY. KEVIN HIBLER, FRANK Name: Name: 3416 KILMARNOCK DR Address: 913 GULF LAND DRIVE Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete Title: DST (X) Change ( ) Addition FRANKE, LINDA Name: FRANKE, LINDA Name:

Address: 645 CHEVIOTS COURT Address: 645 CHEVIOTS COURT City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: () Delete Title: (X) Change ( ) Addition

GREGO, SAM GERACI, JCATHERINE Name: Name: 525 HEBRIDES COURT 529 SAND WDGE LOOP Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: GREENE, JAMES Name: GREENE, JAMES 444 LANARKSHIRE PLACE 444 LANARKSHIRE PLACE Address: Address:

City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: () Delete Title: (X) Change ( ) Addition ROSENCRANS, LISA HAMILTON, MAURICE Name:

Name: 3624 HADDINGTON COURT 660 GRAMPIAN CT. Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES GREENE DP 04/30/2007