2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N98000002518

Entity Name: ROCK SPRINGS RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VP ( ) Delete
Name: HIBLER, FRANK
Address: 913 GULF LAND DRIVE
City-St-Zip: APOPKA, FL 32712

Title: DST ( ) Delete
Name: FRANKE, LINDA
Address: 645 CHEVIOTS COURT
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: GERACI, JCATHERINE
Address: 529 SAND WDGE LOOP
City-St-Zip: APOPKA, FL 32712

Title: DP ( ) Delete
Name: GREENE, JAMES
Address: 444 LANARKSHIRE PLACE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: HAMILTON, MAURICE
Address: 660 GRAMPIAN CT.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FRANKE, LINDA
Address: 645 CHEVIOTS COURT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: FILES, MICHAEL
Address: 3819 ROCK HILL LOOP
City-St-Zip: APOPKA, FL 32712

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

Title: TD (X) Change ( ) Addition
Name: HAMILTON, MAURICE
Address: 660 GRAMPIAN CT.
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 04/24/2008

Electronic Signature of Signing Officer or Director — Date