

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001533

FILED
Apr 25, 2008
Secretary of State

Entity Name: PALMETTO RIDGE SCHOPKE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

218 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

218 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 20-3300889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENWALT, TOM
Address: 955 N KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VPD () Delete
Name: BROCK, TED
Address: 955 N KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: EHRECKE, JENNIFER
Address: 955 N KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLANK, TIM
Address: 2664 PALMETTO RIDGE CIR
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: STANLEY, OSSIE
Address: 2548 PALMETTO RIDGE CIR
City-St-Zip: APOPKA, FL 32712

Title: SD (X) Change () Addition
Name: ALI, MOHAMMAD
Address: 2560 PALMETTO RIDGE CIR
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: TIM BLANK

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date