

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713686

FILED
Apr 12, 2007
Secretary of State

Entity Name: RIDGE ART ASSOCIATION, INC.

Current Principal Place of Business:

210 CYPRESS GARDENS BOULEVARD
WINTER HAVEN, FL 338802834

New Principal Place of Business:

Current Mailing Address:

210 CYPRESS GARDENS BOULEVARD
WINTER HAVEN, FL 338802834

New Mailing Address:

FEI Number: 23-7075086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMENWAY, RICHARD A
2 TERA LANE
WINTER HAVEN, FL 33880 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: ED () Delete
Name: HEMENWAY, CHRISTY
Address: 2 TERA LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT () Delete
Name: BRANCH, NEAL
Address: 210 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD () Delete
Name: HEMENWAY, RICHARD
Address: 2 TERA LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: OSBORNE, D.J.
Address: 210 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33880

Title: DS () Delete
Name: POFF-HILL, BRENDA
Address: 210 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: BOBBY, FUQUA J
Address: 100 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD A. HEMENWAY

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date