2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764244

Entity Name: RIDGEPOINTE WOODS ASSOCIATION, INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 23 RIDGEPOINTE DRIVE BOYNTON BEACH, FL 33435 US **Current Mailing Address: New Mailing Address:** C/O MMI C/O MMI 1860 OLD OKEECHOBEE RD 901 NORTHPOINT BLVD, #108 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33407 US FEI Number: 59-2237957 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: SKRLD, INC 201 GILHAMRE CIR. CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GUINTO, JOSEPH Name: Name: 17 A RIDGEPOINTE DR Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition FAGERQUIET, NORMAN A Name: Name: Address: **6B RIDGEPOINTE DR** Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMELLEY, LINDA L Name: MORRISON, SUSAN Name: 12 B RIDGEPOINTE DRIVE 9 C RIDGEPOINTE DRIVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: BOYNTON BEACH, FL 33435 Title: TD () Delete Title: () Change () Addition Name: BRUNO, LILLIAN Name: 6C RIDGEPOINTE DR Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: (X) Change () Addition VIEGA, CARMELLA LOPEZ, FLORENCE Name: Name: 16C RIDGEPOINT DR. 7C RIDGEPOINT DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: JOSEPH GUINTO P 04/19/2004

BOYNTON BEACH, FL 33435

City-St-Zip:

BOYNTON BEACH, FL 33435