



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90133 012 ****61.25

DOCUMENT # 764244 1. Entity Name RIDGEPOINTE WOODS ASSOCIATION, INC.					
Principal Place of Business 23 RIDGEPOINTE DRIVE BOYNTON BEACH, FL 33435 US			Mailing Address C/O MMI 901 NORTHPOINT BLVD, #108 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business MMI OF THE PALM BEACHES Suite, Apt. #, etc. 901 NORTHPOINT PKY SUITE 307 City & State WEST PALM BEACH FL Zip 33407 Country USA		3. Mailing Address MMI OF THE PALM BEACHES Suite, Apt. #, etc. 901 NORTHPOINT PKY SUITE 307 City & State WEST PALM BEACH FL Zip 33407 Country USA		50006415 	
4. FEI Number 59-2237957				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC 201 GILHAMRE CIR. CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STATOS, CARMEN 21-B RIDGE POINTE DR BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JEAN HUTCHISON 811 3RD AVE DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURDEN, DANIEL 12C RIDGE POINTE DR BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITA GEORGE 9-D RIDGEPOINT DR BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUNTE, JOHN 10-D RIDGEPOINTE DR BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR EMILIO BAGIOLI 5-E RIDGEPOINT DR BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUCERA, JANE 7-D RIDGE POINTE DR BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SANDRA MCGREGOR 1-A RIDGEPOINT DR BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVRIES, MAX 10B RIDGE POINTE DR BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>W. Treas.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-13-06 561-736-7896 <small>Date Daytime Phone #</small>	