



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 764244 1. Entity Name RIDGEPOINTE WOODS ASSOCIATION, INC.					
Principal Place of Business 23 RIDGEPOINTE DRIVE BOYNTON BEACH, FL 33435 US			Mailing Address 110 SE 31 ST AVE BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01312008 Chg-NP CR2E037 (12/06)	
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 SAN JUN PROP. MGRS 110 SE 31ST STREET AVE BOYNTON BEACH, FL 33435			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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P BRACALE, ANTONETTE <input type="checkbox"/> Delete 4-C RIDGE POINTE DRIVE BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000817742 02/15/08-80014-024 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE, RITA <input type="checkbox"/> Delete 9-D RIDGEPINTE DRIVE BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PULL, DOROTHT <input type="checkbox"/> Delete 7-B RIDGEPOINT DRIVE BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNS, LILLIAN <input type="checkbox"/> Delete 6-C RIDGEPOINTE DRIVE BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIAGIOLO, EMILIO <input type="checkbox"/> Delete 5-E RIDGEPOINT DR BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, SUSAN <input type="checkbox"/> Delete 9-C RIDGEPOINTE DRIVE BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Antonette R. Bracale, Pres.</i></u> 2-108 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					