2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # 766774** 1. Entity Name RIDGE ROAD COMMUNITY CLUB, INC. Principal Place of Business Mailing Address 7906 S.W. 131ST TERRACE ARCHER FL 32618 7906 S.W. 131ST TERRACE ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2376024 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, DEBORA Street Address (P.O. Box Number is Not Acceptable) 7906 S.W. 131ST TERRACE ARCHER FL 32618 Zip Code City 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 Stonature, typed or printed name of registered agent and title if applicable (NCTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STD TITLE Detete THE ☐ Change Addition GRAY, DEBORAH MAME NAME STREET ADDRESS 7906 SW 131ST TERRACE U00000501040 STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY-ST-ZIP 04/25/06-80045-023 61.25 PD Delete TITLE TITLE Change Addition NAME BROSS, DAVE NAME STREET ADDRESS 6617 S.W. 135THS TREET STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE TITLE ☐ Change Addition DEMOTT, TERRY NAME NAME STREET ADDRESS 7315 S.W. 135TH TERRACE STREET ADDRESS CITY-ST-ZIP ARCHER FL 32618 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TiTLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED