2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # 766774** 1. Entity Name 04-14-2008 90070 021 ****61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-2376024 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, DEBORA Street Address (P.O. Box Number is Not Acceptable) 7906 S.W. 131ST TERRACE ARCHER FL 32618 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 Fiorida. I am familiar with, and accept the obligations of registered agent 4.3.08 Signature, typed or printed name of registered agent and the if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TD ☐ Delete TITLE Change ☐ Addition GRAY, DEBORA NAME NAME 7906 SW 131ST TERRACE STREET ADDRESS STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition DEMOTT, TERRY NAME NAME 7315 S.W. 135TH TERRACE STREET ADDRESS STREET ADDRESS ARCHER FL 32618 CITY-ST-ZIP CITY-ST-ZIP TITLE SD **X** Delete TITLE ncitibbA 🔲 BOBBITT, JORELLE L. HOPKINS, SUE ANN NAME 7909 SW 135th TERRACE STREET ADDRESS 7808 SW 135TH TERR. STREET ADDRESS ARCHER FL 32618 CITY-ST-7IP CITY-ST-ZIP ARCHER FL 32618 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIE TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

SIGNATURE: DEBORA TRA Jan

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-