
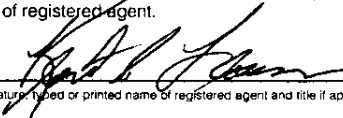
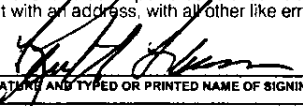


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90031 035 \*\*\*\*61.25

<b>DOCUMENT # 767401</b> 1. Entity Name <b>RIDGEWOOD MEADOWS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>RIDGEWOOD CLUBHOUSE, SPOONBILL PO BOX 118 ELLENTON, FL 34222</b>			Mailing Address <b>RIDGEWOOD CLUBHOUSE, SPOONBILL PO BOX 118 ELLENTON, FL 34222</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2361947</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENSING, CHARLES W 4 MEADOW CIRCLE ELLENTON, FL 34222</b>			7. Name and Address of New Registered Agent Name <b>LARSEN, KENT S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>142 MEADOW CIR</b> City <b>Ellenton</b> <b>FL</b> Zip Code <b>34222</b>		
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  <b>KENT S. LARSEN TREAS.</b> <b>2-18-08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WOODRUFF, ROBERT</b> <b>62 SPOONBILL LN</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOSTKOWSKI, MARIA</b> <b>123 MEADOW CIR.</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>COLBATH, WILLIAM</b> <b>1 MEADOW CR.</b> <b>ELLENTON, FL 34222</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BENSING, CHARLES</b> <b>4 MEADOW CIRCLE</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LARSEN, KENT</b> <b>142 OSPREY CIR</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MORRIS, JEAN</b> <b>174 OSPREY CIR</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>KACHLINE, RICHARD</b> <b>2 MEADOW CIR</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TROSTLE, K.E.</b> <b>135 MEADOW CR</b> <b>ELLENTON, FL 34222</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TROSTLE, K.E.</b> <b>135 MEADOW CR</b> <b>ELLENTON, FL 34222</b>	<input type="checkbox"/> Delete	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:  <b>KENT S LARSEN</b> <b>2-18-08</b> <b>941-723-9971</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					