2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 767401

Entity Name: RIDGEWOOD MEADOWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

76 SPOONBILL LANE
ELLENTON, FL 34222

New Principal Place of Business:

76 -1/2 SPOONBILL LANE
ELLENTON, FL 34222

Current Mailing Address:

P. O. BOX 18
ELLENTON, FL 34222

New Mailing Address:

P. O. BOX 118
ELLENTON, FL 34222

FEI Number: 59-2361947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PARKWAY
SUITE 204
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOSTKOWSKI, MARIA
Address: 123 MEADOW CIR
City-St-Zip: ELLENTON, FL 34222

Title: P ( ) Delete
Name: COLBATH, WILLIAM
Address: 1 MEADOW CR.
City-St-Zip: ELLENTON, FL 34222

Title: T ( ) Delete
Name: LARSON, KENT
Address: 142 OSPREY CT
City-St-Zip: ELLENTON, FL 34222

Title: S ( ) Delete
Name: KICHLINE, RICHARD
Address: 2 MEADOW CIR
City-St-Zip: ELLENTON, FL 34222

Title: D ( ) Delete
Name: TROSTLE, K.E.
Address: 135 MEADOW CR
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: GOSTKOWSKI, MARIA GRACE
Address: 123 MEADOW CIR
City-St-Zip: ELLENTON, FL 34222

Title: P (X) Change ( ) Addition
Name: HAFER, RICHARD
Address: 141 OSPREY CIRCLE
City-St-Zip: ELLENTON, FL 34222

Title: D (X) Change ( ) Addition
Name: VOIROL, KAE
Address: 148 OSPREY CIRCLE
City-St-Zip: ELLENTON, FL 34222

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: LE BARR, WALTER
Address: 122 MEADOW CIRCLE
City-St-Zip: ELLENTON, FL 34222

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA GRACE GOSTKOWSKI T 04/20/2009

Electronic Signature of Signing Officer or Director — Date