2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770059

FILED Mar 20, 2007 Secretary of State

Entity Name: RIDGEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 346 RIDGEWOOD BOULEVARD ELLENTON, FL 34222 ELLENTON, FL 34222 US

Current Mailing Address: New Mailing Address:

P O BOX 346

ELLENTON, FL 34222 US

FEI Number: 59-2361945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODRUFF, ROBERT R 62 SPOONBILL LANE ELLENTON, FL 34222 US

OFFICERS AND DIRECTORS:

ELLENTON, FL 34222

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:

City-St-Zip:

Date

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ELLENTON, FL 34222

(X) Change () Addition () Delete WOODRUFF, ROBERT R WOODRUFF, ROBERT R Name: Name:

60 SPOONBILL LANE Address: 62 SPOONBILL LANE Address: ELLENTON, FL 34222 City-St-Zip: City-St-Zip: ELLENTON, FL 34222

Title: PD () Delete Title: (X) Change () Addition HAFER, RICHARD Name: ASBURY, JEFFERSON C Name: Address: 141 OSPREY CIRCLE Address: 13 MEADOWLARK CIRCLE

Title: VD. () Delete Title: () Change () Addition

HOLMAN, BRUCE Name: Name: 140 OSPREY CIRCLE Address: Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip:

(X) Change () Addition Title: SD () Delete Title: SD

Name: HEIDER, WILLIAM Name: MASON, FLOYD 145 NIGHTINGALE CIRCLE 84 SPOONBILL LANE Address: Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip: ELLENTON, FL 34222

Title: () Delete Title: (X) Change () Addition

BANASEK, DONNA MCCARTHY, RICHARD Name: Name: 23 MEADOWLARK CIRCLE 33 MEADOWLARK CIRCLE Address: Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip: ELLENTON, FL 34222

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT R. WOODRUFF MR. 03/20/2007