

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770059

FILED
Mar 11, 2009
Secretary of State

Entity Name: RIDGEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RIDGEWOOD BOULEVARD
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 346
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 59-2361945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF, ROBERT R
62 SPOONBILL LANE
ELLENTON, FL 34222 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: TD () Delete
Name: WOODRUFF, ROBERT R
Address: 62 SPOONBILL LANE
City-St-Zip: ELLENTON, FL 34222

Title: PD () Delete
Name: ASBURY, JEFFERSON C
Address: 13 MEADOWLARK CIRCLE
City-St-Zip: ELLENTON, FL 34222

Title: VD () Delete
Name: COLBATH, WILLIAM
Address: ONE MEADOW CIRCLE
City-St-Zip: ELLENTON, FL 34222

Title: SD () Delete
Name: MASON, FLOYD
Address: 84 SPOONBILL LANE
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: MCCARTHY, RICHARD
Address: 33 MEADOWLARK CIRCLE
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: CROOKER, FRED
Address: 131 MEADOW CIRCLE
City-St-Zip: ELLENTON, FL 34222

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

Title: SD (X) Change () Addition
Name: RYLOTT, BARBARA
Address: MOURNING DOVE COURT
City-St-Zip: ELLENTON, FL 34222

Title: D (X) Change () Addition
Name: DRAKE, ROBERT
Address: 156 NIGHTINGALE 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: ROBERT R. WOODRUFF

TD

03/11/2009

Electronic Signature of Signing Officer or Director

Date