

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # N01000002870

1. Entity Name
RABBIT RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7900 103RD ST,
SUITE 20-117
JACKSONVILLE, FL 32210 US**

Mailing Address
**7900 103RD ST,
SUITE 20-117
JACKSONVILLE, FL 32210 US**



07312007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3719248

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARBIN, RUBY S
7900 103RD ST.
STE. 20-117
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARBIN, JAMES A
STREET ADDRESS	7900 103RD ST, STE. 20-117
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	ANDERSON, LESTER W II
STREET ADDRESS	7900 103RD ST, STE. 20-117
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	NICHOLS, JAMES M
STREET ADDRESS	7900 103RD ST, STE. 20-117
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	P
NAME	HARBIN, JAMES A
STREET ADDRESS	7900 103RD ST, STE. 20-117
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	VP
NAME	ANDERSON, LESTER W II
STREET ADDRESS	7900 103RD ST, STE. 20-117
CITY-STATE-ZIP	JACKSONVILLE, FL 32210
TITLE	ST
NAME	HARBIN, RUBY S
STREET ADDRESS	7900 103RD ST, STE. 20-117
CITY-STATE-ZIP	JACKSONVILLE, FL 32210

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08/08/07-80002-007 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.1.07

Date

Daytime Phone #