

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

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000003622**

1. Entity Name  
 ARNOLD RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 97087 CHIMNEY RIDGE CT  
 YULE, FL 32097

Mailing Address  
 P.O. BOX 1111  
 YULEE, FL 32041-1111



02112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3744777** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WILSON, ALAN  
 97087 CHIMNEY RIDGE CT  
 YULE, FL 32097

**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 May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
 NAME WILSON, ALAN  
 STREET ADDRESS 97087 CHIMNEY RIDGE CT  
 CITY-ST-ZIP YULE, FL 32097

TITLE VD  
 NAME MUNNS, RICHARD  
 STREET ADDRESS 97084 CASTLE RIDGE DR  
 CITY-ST-ZIP YULE, FL 32097

TITLE TD  
 NAME MCSHANE, TOM  
 STREET ADDRESS 97201 CASTLE RIDGE DR  
 CITY-ST-ZIP YULE, FL 32097

TITLE S  
 NAME MUNNS, DORTHORY  
 STREET ADDRESS 97084 CASTLE RIDGE DR  
 CITY-ST-ZIP YULE, FL 32097

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

U00000649497  
 03/07/07-80051-018 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

2/11/07

Date

904.966.3321

Daytime Phone #