

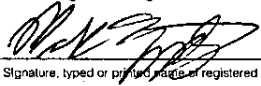
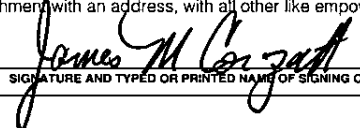


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000004575</b> 1. Entity Name NHDC RIDGEVIEW APARTMENTS, INC.						<div style="transform: rotate(-15deg); font-size: 24px; font-weight: bold;">FILED</div> <div style="transform: rotate(-15deg); font-size: 18px;">04 JUL 19 PM 12:57</div> <div style="transform: rotate(-15deg); font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 10681 FOOTHILL BLVD., STE. 220 RANCHO CUCAMONGA, CA 91730				Mailing Address 10681 FOOTHILL BLVD. SUITE 220 RANCHO CUCAMONGA, CA 91730			
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3728336		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07092004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>7-15-04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURUM, JEFFREY 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burum, Jeffrey S. 10681 Foothill Blvd., Ste. 220 Rancho Cucamonga, CA 91730		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORZATT, JAMES 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Corzatt, James M. 10681 Foothill Blvd., Ste. 220 Rancho Cucamonga, CA 91730		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JACKSON, MARY ANN 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hilbert, Christopher M. 10681 Foothill Blvd., Ste. 220 Rancho Cucamonga, CA 91730		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD BURUM, JEFFREY 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input type="checkbox"/> Delete			<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600039535716</b>          07/26/04--01068--015 **61.25       </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NWANODI, ANGIE O 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input checked="" type="checkbox"/> Delete			<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600039535716</b>          07/26/04--01068--016 **8.75       </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600039535716</b>          07/26/04--01068--016 **8.75       </div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				JAMES M. CORZATT TREASURER/DIRECTOR			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>12/3/04</i> (909) 291-1400 <small>Daytime Phone</small>			