


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90007 044 ****61.25

DOCUMENT # N02000001907					
1. Entity Name RIDGE TRAILS ASSOCIATION, INC.					
Principal Place of Business 2706 GREENACRE DR SEBRING, FL 33872			Mailing Address 2706 GREENACRE DR SEBRING, FL 33872		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0694829	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'BRIEN, MERRITT 2706 GREENACRE DR SEBRING, FL 33872				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. the obligations of registered agent. n the State of Florida. I am familiar with, and accept					
SIGNATURE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PX O'BRIEN, MERRITT 2706 GREENACRE DR SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. INGRID UTECH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3224 MAYFAIR AVENUE SEBRING, FL 33875		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, DAN 215 US 27 S SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JACK RICHIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 131 TEMPTATION COURT LAKE PLACID, FL 33852		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEINTZ, KIM <input checked="" type="checkbox"/> Delete 3540 US 27 SOUTH SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOSMAN, JEANNE <input type="checkbox"/> Delete P O BOX 2949 LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, MARK <input checked="" type="checkbox"/> Delete 721 NE LAKEVIEW DRIVE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKI, HANK <input type="checkbox"/> Delete 242 SERENADE DRIVE LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. changed, or on an attachment with an address, with all other like empowered.					
i). Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if					
SIGNATURE: <i>Merritt L. O'Brien</i>		3-25-04 863/382-1136			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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