

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001907

FILED
May 30, 2006
Secretary of State

Entity Name: RIDGE TRAILS ASSOCIATION, INC.

Current Principal Place of Business:

2706 GREENACRE DR
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

2706 GREENACRE DR
SEBRING, FL 33872

New Mailing Address:

FEI Number: 01-0694829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'BRIEN, MERRITT
2706 GREENACRE DR
SEBRING, FL 33872 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: P () Delete
Name: O'BRIEN, MERRITT
Address: 2706 GREENACRE DR
City-St-Zip: SEBRING, FL 33872

Title: V () Delete
Name: ANDREWS, DAN
Address: 215 US 27 S
City-St-Zip: SEBRING, FL 33870

Title: S () Delete
Name: UTECH, INGRID
Address: 3224 MAYFAIR AVE.
City-St-Zip: SEBRING, FL 33875

Title: T () Delete
Name: HEINTZ, KIM
Address: 627 MARAVILLA AVENUE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: RITCHIE, JACK
Address: 131 TEMPTATION CT.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: KOWALSKI, HANK
Address: 242 SERENADE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM HEINTZ

T

05/30/2006

Electronic Signature of Signing Officer or Director

Date