


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90094 019 \*\*\*\*61.25

<b>DOCUMENT #</b> 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
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2. Principal Place of Business - No P.O. Box # <u>134 No. RIDGEWOOD DR.</u>	3. Mailing Address <u>134 No. RIDGEWOOD DR.</u>
Suite, Apt. #, etc. <u>SUITE 1</u>	Suite, Apt. #, etc. <u>SUITE 1</u>
City & State <u>SEBRING FL</u>	City & State <u>SEBRING FL</u>
Zip <u>33870</u>	Country <u>U.S.A.</u>



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0694829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 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 Merritt O'Brien Merritt O'Brien 4/3/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

Filing Fee Is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, MERRITT 2706 GREENACRE DR SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, DAN 215 US 27 S SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UTECH, INGRID 3224 MAYFAIR AVE. SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UTECH, INGRID 3224 MAYFAIR AVE. SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEINTZ, KIM 627 MARAVILLA AVENUE SEBRING, FL 33875 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, JACK 131 TEMPTATION CT. LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	> CORRECT SPELLING OF LAST NAME IS <u>RICHIE</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKI, HANK 242 SERENADE DRIVE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ingrid Utech INGRID UTECH 4/3/07 (863) 382-3940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #