## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002918

FILED Apr 10, 2008 Secretary of State

Entity Name: CONIFER RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principa	New Principal Place of Business:	
	' RD #218				
STE 1 MIDDLER	URG, FL 3206	8			
			Na 84-ilia a	Address	
Current N	Mailing Addres	is;	New Mailing	Address:	
STE 1	' RD #218				
MIDDLEB	URG, FL 3206	8			
FEI Numbei	r: 04-3749783	FEI Number Applied For ( )	FEI Number Not Applicat	ole ( ) Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Ad	Idress of New Registered Agent:	
4213 CTY STE 1	YN, VINA C ' RD #218 :URG, FL 3206	8 US			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its r	egistered office or registered agent, or both,	
SIGNATU	IRE:				
	Electron	nic Signature of Registered Ac	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: Address:	PD (X) PETERSON, JC 1586 ELSA DR JACKSONVILLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	PETERSON, JO 1586 ELSA DR JACKSONVILLE	DHN E, FL 32218 ) Delete	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	PETERSON, JO 1586 ELSA DR JACKSONVILLE VPD ( ) REED, CALVIN 1528 ELSA DR JACKSONVILLE	DHN E, FL 32218 Delete E, FL 32218 Delete EKA	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: PI Name: LA Address: 12	()Change()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PETERSON, JO 1586 ELSA DR JACKSONVILLE  VPD () REED, CALVIN 1528 ELSA DR JACKSONVILLE  SD () LANDRY, TAME 12263 DRIFT O JACKSONVILLE	DHN E, FL 32218 Delete E, FL 32218 Delete EKA ET E, FL 32218 Delete EKA T E, FL 32218	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: PI Name: LA Address: 12	( ) Change ( ) Addition  D (X) Change ( ) Addition  ANDRY, TAMEKA 2263 DRIFT CT	

I hereby certify that the information supplied with this filing does not qualify 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: TAMEKA LANDRY PD 04/10/2008