

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002918

FILED
Jan 26, 2009
Secretary of State

Entity Name: CONIFER RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4213 CTY RD #218
STE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4213 CTY RD #218
STE 1
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 04-3749783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA C
4213 CTY RD #218
STE 1
MIDDLEBURG, FL 32068 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: VPD () Delete
Name: REED, CALVIN
Address: 1528 ELSA DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD () Delete
Name: LANDRY, TAMEKA
Address: 12263 DRIFT CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: JONES, ROXANN
Address: 12277 ELSA CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: BAISDEN, LINDA
Address: 1625 ELSA DR
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: JOHNS, CHRISTOPHER
Address: 12282 DRIFT CT.
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD (X) Change () Addition
Name: LANDRY, CHRISTOPHER
Address: 12263 DRIFT CT
City-St-Zip: JACKSONVILLE, FL 32218

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 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: CHRISTOPHER LANDRY

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date