

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002918

FILED  
Jan 26, 2010  
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:**

AWAKENINGS ASSOCIATION MANAGEMENT INC  
4213 CTY RD #218  
STE 1  
MIDDLEBURG, FL 32068 US

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: VINA DELCOMYN

01/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: JOHNS, CHRISTOPHER  
Address: 4213 COUNTY ROAD 218 SUITE 1  
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD  
Name: LANDRY, CHRISTOPHER  
Address: 4213 COUNTY ROAD 218 SUITE 1  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD  
Name: JONES, ROXANN  
Address: 4213 COUNTY ROAD 218 SUITE 1  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LANDRY

PD

01/26/2010

Electronic Signature of Signing Officer or Director

Date