

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90468 043 ****61.25

DOCUMENT # N02000004776

1. Entity Name
RICKER RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7798 MORDECAI COURT
JACKSONVILLE, FL 32210**

Mailing Address
**7798 MORDECAI COURT
JACKSONVILLE, FL 32210**

60045188



2. Principal Place of Business - No P.O. Box #

11512 Lake Mead Avenue

3. Mailing Address

7643 Gate Parkway

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

Suite 104, PMB 108

04232007 Chg-NP CR2E037 (12/06)

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number
51-0421980

Applied For
Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOATRIGHT, SCOTT R ESQ
4209 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name **Kim Balaskiewicz**

Street Address (P.O. Box Number is Not Acceptable)
11512 Lake Mead Avenue

Suite 405

City

Jacksonville

FL

Zip Code
32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JAMES, ESHANDA
7798 MORDECAI CT.
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SMITH, BARBARA
4284 LINDY TRAIL
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CLARK, TIM
7751 MORDECAI CT.
JACKSONVILLE, FL 32210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Miles, Cleo
7734 Mordecai Court
Jacksonville, FL 32210** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-07 904-317-7114