

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90113 033 \*\*\*\*61.25

<b>DOCUMENT # N02000004776</b> 1. Entity Name <b>RICKER RIDGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256</b>		Mailing Address <b>7643 GATE PARKWAY SUITE 104 PMB 188 JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business - No P.O. Box # <b>11512 Lake Mead Avenue</b>		3. Mailing Address <b>7643 Gate Parkway</b>	
Suite, Apt. #, etc. <b>Suite 405</b>		Suite, Apt. #, etc. <b>Suite 104 PMB 188</b>	
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>	
Zip <b>32256</b>		Zip <b>32256</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>BALASKIEWICZ, KIM 11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>Kim Balaskiewicz</b> Street Address (P.O. Box Number is Not Acceptable) <b>11512 Lake Mead Avenue</b> <b>Suite 405</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>	
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 <u><i>Kim Balaskiewicz</i></u> Prop. Mgr. <u>Kim Balaskiewicz</u> <u>4/10/8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	TITLE	D
NAME	<b>JAMES, ESHANDA</b>	NAME	<b>Raymond Becker</b>
STREET ADDRESS	<b>7798 MORDECAI CT.</b>	STREET ADDRESS	<b>7601 Rehborn Lane</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>	CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>
TITLE	SD	TITLE	D
NAME	<b>SMITH, BARBARA</b>	NAME	<b>Sonya Phillips</b>
STREET ADDRESS	<b>4284 LINDY TRAIL</b>	STREET ADDRESS	<b>4342 Jiriard Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>	CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>
TITLE	D	TITLE	
NAME	<b>MILES, CLEO</b>	NAME	
STREET ADDRESS	<b>7734 MORDECAI COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> <u><i>Kim Balaskiewicz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Kim Balaskiewicz</u> <u>4/10/8</u> <u>904-641-1858</u> <small>Date Daytime Phone #</small>	