


## 02-12-2004 90007 007 \*\*\*\*61.25

<b>DOCUMENT # N02000007803</b>				<b>Secretary of State</b> 02-12-2004 90007 007 ****61.25	
1. Entity Name <b>RIVER RIDGE FOREST PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>412 NE 16 AVE GAINESVILLE, FL 32601</b>		Mailing Address <b>412 NE 16 AVE GAINESVILLE, FL 32601</b>			
2. Principal Place of Business <b>4127 NW 27th Ln Suite A Gainesville FL 32606 USA</b>		3. Mailing Address <b>PO Box 357845 Suite, Apt. #, etc. Gainesville FL 32635 USA</b>		01222004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>56-2298368</b>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DAVIES, LISA 412 NE 16 AVE GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent <b>Davies Lisa 4127 NW 27th Ln, Suite A Gainesville FL 32606</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>Lisa Davies</u> <u>LISA Davies</u> <u>1-29-04</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, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDONALD, JANET L 412 NE 16 AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDONALD, Janet L. 4127 NW 27th Ln, Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE, DENNIS G 412 NE 16 AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lee, Dennis G. 4127 NW 27th Ln, Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVIES, LISA 412 NE 16 AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Davies, Lisa 4127 NW 27th Ln, Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Janet L. McDonald</u>		Date <u>1/29/04</u> 352-334-1976			