


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90226 001 ***306.25

| | | | |
|--|---|---|--|
| DOCUMENT # N02000008617 1. Entity Name RIDGEWOOD NEIGHBORHOOD ASSOCIATION, INC. | |  | |
| Principal Place of Business 418 NW 4TH AVENUE BOYNTON BEACH, FL 33435 | | Mailing Address 418 NW 4TH AVENUE BOYNTON BEACH, FL 33435 | |
| 2. Principal Place of Business - No P.O. Box # 311 N.W. 4th AVE Suite, Apt. #, etc. Boynton Beach City & State Florida Zip 33435 | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip U.S.A. | |
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAMMOND, ERICA 418 NW 4TH AVENUE BOYNTON BEACH, FL 33435 MOVED | | 7. Name and Address of New Registered Agent Name MYRA JONES Street Address (P.O. Box Number is Not Acceptable) 311 N.W. 4th AVE. Boynton Beach, Florida City FL Zip Code 33435 | |
| 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 <i>Myra Jones</i> | | DATE 04-15-08 | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROWN, MELVIN 315 NW 3RD ST BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Greg Hicks 522 N.W. 5th St. Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CLARK, EVELYN 906 NW 4TH STREET BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Christopher Nelson 421 N.W. 3rd St. Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JONES, MYRA 311 NW 4TH AVE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jones, Myra Sect. 311 N.W. 4th AVE. Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" 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 |
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| 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: <i>Myra Jones</i> | | DATE 04-15-08 | |

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04142008 Chg-NP CR2E037 (12/06)