2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-05-2004 90013 007 ****70.00

DOCUMENT # N03000002437

1. Entity Name
RIDGEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

6640629 7

Principal Place of Business	Mailing Address
4224 PINEWOOD AVE JACKSONVILLE, FL 32207	4224 PINEWOOD AVE JACKSONVILLE, FL 32207

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3443339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHILL, ALICE 4224 PINEWOOD AVE JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Alice Schill - P Alice Schill February 23, 2004
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYANT, CAROLYN 4632 PINEWOOD AVE JACKSONVILLE, FL 32207	☐ Delete	TITLE V/D NAME Leon Bloom STREET ADDRESS 4316 Peachtree Cr. E. CITY-ST-ZIP Jacksonville, FL 32207	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISAAC, MONA 4206 BIRCHWOOD AVE JACKSONVILLE, FL 32207	☐ Delete	TITLE T/S NAME Martha Reynolds STREET ADDRESS 4624 Pinewood Avenue CITY-ST-ZIP Jacksonville, FL 32207	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALMASHY, DOROTHY 4234 PINEWOOD AVE JACKSONVILLE, FL 32207	☒ Delete	TITLE D NAME Paul Austen STREET ADDRESS 4543 Redwood Avenue CITY-ST-ZIP Jacksonville, FL 32207	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISBERGER, ANDREA 4544 ROSEWOOD AVE JACKSONVILLE, FL 32207	☒ Delete	TITLE NAME D Jerry Pevy STREET ADDRESS 4228 Rosewood Avenue CITY-ST-ZIP Jacksonville, FL 32207	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, MARIAN 1714 PEACHTREE CIR SO JACKSONVILLE, FL 32207	☐ Delete	TITLE P NAME Alice Schill STREET ADDRESS 4224 Pinewood Ave CITY-ST-ZIP Jacksonville, FL 32207	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATE, SUZANNE 4541 BIRCHWOOD AVE JACKSONVILLE, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

Same

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: Alice Schill Feb 23, 2004 (904) 730-2181
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR Date Daytime Phone #