2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90101 050 ****70.00

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1. Entity Name
RIDGEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

50048951

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

04082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4210 PINEWOOD AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FLA	City & State
Zip: 32207 Country: DUVAL	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: RUDY YORK Street Address (P.O. Box Number is Not Acceptable): 4210 PINEWOOD AVE City: JACKSONVILLE FL Zip Code: 32207

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: Rudy York 4-28-05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BRYANT, CAROLYN 4632 PINEWOOD AVE. JACKSONVILLE, FLA. 32207	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISAAC, MONA 4206 BIRCHWOOD AVE JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ISAAC MONA 4206 BIRCHWOOD AVE JACKSONVILLE, FLORIDA.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHILL, ALICE 4224 PINEWOOD AVE JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT YORK, RUDY 4210 PINEWOOD AVE JACKSONVILLE, FLA. 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLOOM, LEON 4316 PEACHTREE CR. E. JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/OFFICER BLOOM, LEON 4316 PEACHTREE CR E. JACKSONVILLE, FL. 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, MARIAN 1714 PEACHTREE CIR SO JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OBERDORFER, DOUGLAS 4313 PEACHTREE CIRE JACKSONVILLE, FLA. 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS REYNOLDS, MARTHA 4624 PINEWOOD AVENUE JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE SEC. ALICE, SCHILL 4224 PINEWOOD AVE JACKSONVILLE, FLORIDA 32207	☑ Change ☐ 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: Rudy York 4.28.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #