# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2006**
**Secretary of State**

DOCUMENT# N03000002437

**Entity Name:** RIDGEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

4210 PINEWOOD AVE
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4224 PINEWOOD AVE
JACKSONVILLE, FL 32207

**New Mailing Address:**

4210 PINEWOOD AVE
JACKSONVILLE, FL 32207

**FEI Number: 59-3443339** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

YORK, RUDY
4210 PINEWOOD AVE
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BRYANT, CAROLYN
Address: 4632 PINEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: ISAAC, MONA
Address: 4206 BIRCHWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete
Name: YORK, RUDY
Address: 4210 PINEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DO ( ) Delete
Name: BLOOM, LEON
Address: 4316 PEACHTREE CR. E.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete
Name: OBERDORFER, DOUGLAS
Address: 4313 PEACHTREE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32207

Title: TS ( ) Delete
Name: SCHILL, ALICE
Address: 4224 PINEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY YORK P 04/29/2006
Electronic Signature of Signing Officer or Director — Date