2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N03000002437

Entity Name: RIDGEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4627 PEACHTREE CIR. E.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4627 PEACHTREE CIR. E.
JACKSONVILLE, FL 32207

New Mailing Address:

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

Name and Address of Current Registered Agent:

MEASE, KATHY
4627 PEACHTREE CIR. E.
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: P ( ) Delete
Name: OLSON, EMILIE
Address: 4341 ROSEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete
Name: NEALE, JAY
Address: 4326 ROSEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: D ( ) Delete
Name: DYER, GREG
Address: 4504 REDWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: TS ( ) Delete
Name: MEASE, KATHY
Address: 4627 PEACHTREE CIR. E.
City-St-Zip: JACKSONVILLE, FL 32204

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 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: KATHY MEASE TREA 01/27/2009
Electronic Signature of Signing Officer or Director — Date