

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N04000000135**

**1. Entity Name**  
**REGAL RIDGE HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**  
**1135 EAST AVE  
CLERMONT, FL 34711**

**Mailing Address**  
**1135 EAST AVE  
CLERMONT, FL 34711**



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**51-0464410**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LADD, DALE J  
1135 EAST AVE  
CLERMONT, FL 34711**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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**

**1100000195030  
01/26/05-80011-016 61.25**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	LADD, DALE J
<b>STREET ADDRESS</b>	1135 EAST AVE
<b>CITY - ST - ZIP</b>	CLERMONT, FL 34711
<b>TITLE</b>	VD
<b>NAME</b>	LADD, DARRYL A
<b>STREET ADDRESS</b>	1135 EAST AVE
<b>CITY - ST - ZIP</b>	CLERMONT, FL 34711
<b>TITLE</b>	STD
<b>NAME</b>	LADD, NANCY
<b>STREET ADDRESS</b>	1135 EAST AVE
<b>CITY - ST - ZIP</b>	CLERMONT, FL 34711
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/13/05 (352) 394-8686**