2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N05000001533

Entity Name: PALMETTO RIDGE SCHOPKE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

218 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

218 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3300889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: JONES, JAMES
Address: 950 S WINTER PARK DRIVE STE 350
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD ( ) Delete
Name: RISALVO, PETER
Address: 950 S WINTER PARK DR STE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GREENWALT, TOM
Address: 955 N KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VPD (X) Change ( ) Addition
Name: BROCK, TED
Address: 955 N KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Change (X) Addition
Name: EHRECKE, JENNIFER
Address: 955 N KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: TOM GREENWALT PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date