2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N05000003266

Entity Name: RIDGEMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 E UNIVERSITY AVE SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

4311 NW 17TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

500 E UNIVERSITY AVE SUITE A
GAINESVILLE, FL 32601

New Mailing Address:

4311 NW 17TH PLACE
GAINESVILLE, FL 32605

FEI Number: 74-3169240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LASH, ROBERT A
500 E UNIVERSITY AVE SUITE A
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

LASH, ROBERT A
4311 NW 17TH PLACE
GAINESVILLE, FL 32605 US

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: _____ 05/02/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LASH, ROBERT A
Address: 500 E UNIVERSITY AVE SUITE A
City-St-Zip: GAINESVILLE, FL 32601

Title: V ( ) Delete
Name: MOODY, C GARY
Address: 500 E UNIVERSITY AVE SUITE A
City-St-Zip: GAINESVILLE, FL 32601

Title: ST ( ) Delete
Name: BUSSARD, CARL
Address: 500 E UNIVERSITY AVE SUITE A
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MM (X) Change ( ) Addition
Name: LASH, ROBERT A
Address: 4311 NW 17TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: M (X) Change ( ) Addition
Name: MOODY, C GARY
Address: 500 E UNIVERSITY AVE SUITE A
City-St-Zip: GAINESVILLE, FL 32601

Title: M (X) Change ( ) Addition
Name: BUSSARD, CARL
Address: 500 E UNIVERSITY AVE SUITE A
City-St-Zip: GAINESVILLE, FL 32601

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: ROBERT A LASH MM 05/02/2007
Electronic Signature of Signing Officer or Director — Date