

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


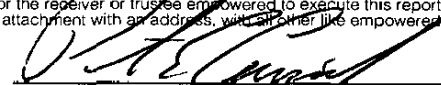
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Jan 27, 2006 8:00 am
Secretary of State

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01092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000006883					
1. Entity Name RIDGE BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 295 FIRST STREET, SOUTH WINTER HAVEN, FL 33880			Mailing Address 295 FIRST STREET, SOUTH WINTER HAVEN, FL 33880		
2. Principal Place of Business 250 Avenue K SW Suite, Apt. #, etc. Suite 103		3. Mailing Address 250 Avenue K SW Suite, Apt. #, etc. Suite 103			
City & State Winter Haven FL		City & State Winter Haven FL		4. FEI Number 20-3105779	
Zip 33880		Country USA		Applied For Not Applicable	
Zip 33880		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSIDY, PETER E 295 FIRST STREET, SOUTH WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 250 Avenue K SW		
			Suite 103		
			City Winter Haven		FL Zip Code 33880
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASSIDY, PETER E	NAME		250 Avenue K SW, Suite 103	
STREET ADDRESS	295 FIRST STREET, SOUTH	STREET ADDRESS		Winter Haven, FL 33880	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHINEHART, CAROL C	NAME		250 Avenue K SW, Suite 103	
STREET ADDRESS	295 FIRST STREET, SOUTH	STREET ADDRESS		Winter Haven, FL 33880	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASSIDY, MICHAEL H	NAME		250 Avenue K SW, Suite 103	
STREET ADDRESS	295 FIRST STREET, SOUTH	STREET ADDRESS		Winter Haven, FL 33880	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 1/17/06		Daytime Phone #: 888-508-1012	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	