


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90029 028 ****61.25

DOCUMENT # N05000006883					
1. Entity Name RIDGE BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 125 RIDGE CENTER DRIVE DAVENPORT, FL 33837 US			Mailing Address 125 RIDGE CENTER DRIVE DAVENPORT, FL 33837 US		
2. Principal Place of Business - No P.O. Box # 116 Polo Park East Blvd		3. Mailing Address 116 Polo Park East Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davenport, FL		City & State Davenport, FL		4. FEI Number 20-3105779	
Zip 33897		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLACKMORE, PETER R 41040 US HWY 27 DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name UCC Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1574 Village Square Blvd, Suite 100 City Tallahassee FL Zip Code 32309		
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 <u>Alison Hand, ASST SEC</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/2/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMORE, PETER R 41040 US HWY 27 DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Brown 116 Polo Park East Blvd Davenport, FL 33897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNDLAS, KULMEET 1143 SR 60 E LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane McIntyre 116 Polo Park East Blvd. Davenport, FL 33897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jane M McIntyre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-14-08</u>	