


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 017 ****61.25

DOCUMENT # N05000009953 1. Entity Name HIGH RIDGE VILLAGE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4835 SW 101ST LN OCALA, FL 34476	Mailing Address 4835 SW 101ST LN OCALA, FL 34476
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40000515



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0571290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FISCHER, STEVEN P 300 SO. PINE ISLAND RD. 110 PLANTATION, FL 33324
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**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, AUDREY 4835 SW 101ST LANE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FISCHER, STEVEN 300 S. PINE ISLAND RD, STE 110 FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Audrey Jones
Audrey F. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

352-873-2980

Daytime Phone #