2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2007 8:00 am Secretary of State

Principal Place of Business No Pi O Box # 20 AMOIND STREET CLEMMONT, FL 34711	1. Entity Nam	MENT # N0600000 RIDGE HOMEOWNERS		c.)1-1 /-200 /	90053 007 *****	61.25
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City & State Country Country Country Space 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Forids. I am familiar with, and accept the obligations of registered agent. Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Filling Fee Is \$61.25 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$61.25 Due by May 1, 2007 Filling Fee Is \$	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address]		88 EB Bii& B 100 01	
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01042007 Ct	ng-NP	CR2E037 (12/06)	
Country Coun	City & Stat	le	City & State			201121	—	
LANGLEY, RICHARD H 720 ALMONDS TREET CLERMONT, FL 34711 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. 9. Filling Foe is \$61.25	Zip	Country	Zip	Country	- 1		□ \$8.75 Ad	Iditional
Cany Capy		6. Name and Address of Curren	it Registered Agent		7. Name and Add	ress of New R		
Street Address (P.O. Box Number is Not Accoptable)	LANGLEY	C DICTIADD 11		Name				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept repose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept special properties of the purpose of t	720 ALMC	ND STREET	Street Addre	ess (P.O. Box Number is N	Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept replaced agent agent and the registered agent. Signature Filling Fee 18 61.25 Profession Campaign Financing Spreature, head a private afficiency of the purpose of changing if inancing St.00 May Be Make check payable to Florida Department of State		· ·						
SIGNATURE Signature, heed or printed name of registered agent and hite if applicable. (NOTE Registered Agent signature required when renistating) DATE		•		City			FL Zip Coo	de
Street Audress Stre	the obligat	e named entity submits this statement i tions of registered agent.	for the purpose of changin	g its registered office or reg	istered agent, or both, in	the State of Flo	rida. I am familiar with	, and accept
Trust Fund Contribution. Added to Fies	SIGNATURE							
TILE NAME NAME TRIEF ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NA	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered Agent signature rec	quired when reinstating)		DATE	
NAME STREET ADDRESS CITY-ST-2P CLERMONT, FL 34711 TILLE LANGLEY, RANDALL B STREET ADDRESS CITY-ST-2P CLERMONT, FL 34711 TILLE LANGLEY, RANDALL B STREET ADDRESS CITY-ST-2P CLERMONT, FL 34711 TILLE LANGLEY, RANDALL B STREET ADDRESS CITY-ST-2P CLERMONT, FL 34711 TILLE LANGLEY, RANDALL B STREET ADDRESS CITY-ST-2P CLERMONT, FL 34711 TILLE LANGLEY, RANDALL B STREET ADDRESS CITY-ST-2P CLERMONT, FL 34711 TILLE NAME STREET ADDRESS CITY-ST-2P TILLE NAME STREET ADDRESS	SIGNATURE	Filing Fee is \$61.25	9. Election	Campaign Financing	\$5.00 May Be		ake check payable	
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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 aboting like empowered.

SIGNATURE: _

RICHARD H.

352) 394-2223