

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010520

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** RIDGEWOOD TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

1646 RIDGEWOOD AVE  
MAITLAND, FL 327516552

**New Principal Place of Business:**

**Current Mailing Address:**

7833 QUAIL LANDING  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 20-5688491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHWW, INC.  
390 N ORANGE AVE SUITE 1500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICHOLSON, LUKE  
Address: 1646 RIDGEWOOD AVE  
City-St-Zip: MAITLAND, FL 327516552

Title: TS ( ) Delete  
Name: CLARKE, JAMES  
Address: 1646 RIDGEWOOD AVE  
City-St-Zip: MAITLAND, FL 327516552

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES CLARKE

TS

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date