2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07155

Apr 20, 2009 Secretary of State

Entity Name: RIDGEMOOR MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683 US **Current Mailing Address: New Mailing Address:** 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683 US FEI Number: 59-2540599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANSON, JACK B 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JOHNSON, ANNE GOBES, FRANK Name: Name: 4153 ROTHERHAM COURT Address: 4184 RIDGEMOOR DR N Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: (X) Change () Addition GOBES, FRANK Name: KYKER/WHEELER, BECKY Name: Address: 4184 RIDGEMOOR DR N Address: 3350 MERMOOR DRIVE #204 City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: SD (X) Change () Addition KYKER, BECKY TIMM, PAMELA Name: Name: 4013 WELLINGTON PARKWAY Address: 3350 MERMOOR DRIVE #204 Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 () Delete Title: TD Title: () Change () Addition POLOWNIAK, JOHN R Name: Name: Address: 3877 DARSTON STREET Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, PEGGY Name: Name: 5685 WELLINGTON DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 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: FRANK GOBES Ρ 04/20/2009