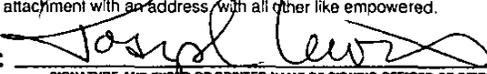


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90007 037 \*\*\*\*61.25

<b>DOCUMENT # N07341</b>					
1. Entity Name RIDGEVIEW HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 614 EUSTIS, FL 32727		Mailing Address P.O. BOX 614 EUSTIS, FL 32727			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05232005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3173429	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, JOE 110 HILLSIDE DRIVE EUSTIS, FL 32726			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE, LEWIS		NAME	Joe Lewis	
STREET ADDRESS	110 HILLSIDE DRIVE		STREET ADDRESS	110 Hillside Dr	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	Eustis, FL 32726	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAINTER, BARBARA		NAME	Thomas Sprague	
STREET ADDRESS	97 HILLSIDE DR		STREET ADDRESS	107 Eastridge Dr	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	Eustis FL 32726	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Steve Bray	
STREET ADDRESS			STREET ADDRESS	104 Ridgeview Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Delete	TITLE	AT Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Deborah Sprague	
STREET ADDRESS			STREET ADDRESS	107 Ridgeview Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		7/5/5		352-483-4964	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	