2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE?

Secretary of State DOCUMENT # N07341 06-06-2006 90013 018 ****61.25 RIDGEVIEW HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 20021033 P.O. BOX 614 P.O. BOX 614 EUSTIS, FL 32727 EUSTIS, FL 32727 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 06012006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number 59-3173429 Applied For Not Applicable ZID Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS, JOE 1-Street Address (P.O. Box Number is Not Acceptable) 110 HILLSIDE DRIVE **EUSTIS, FL 32726** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 TITLE Delete ■ Addition JOE LEWIS NAME NAME STREET ADDRESS 110 HILLSIDE DRIVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE De ete TITLE ☐ Change Addition SPRANGE, THOMAS NAME NAME STREET ADDRESS 107 EASTRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP De ete TITLE ■ Addition TITLE Steve Bray NAME BRAG. STEVE NAME STREET ADDRESS 104 RIDGEVIEW DRIVE STREET ADDRESS CITY - ST - ZIP EUSTIS, FL 32726 CITY-ST-7IP De ete ☐ Addition Change TITLE TILE SPRANGE, DEBORAH NAME 107 EASTRIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP Delete ☐ Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ПΠЕ Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 receivers 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 adpless with all other like empowered. 407 -986-280 Joseph

FILED

Jun 06, 2006 8:00 am