

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N07341

1. Entity Name

RIDGEVIEW HOMEOWNERS' ASSOCIATION, INC.



**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3173429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VP  
NAME: JOE, LEWIS  
STREET ADDRESS: 110 HILLSIDE DRIVE  
CITY-STATE-ZIP: EUSTIS FL 32726 ☐ Delete

TITLE: P  
NAME: SPRANGE, THOMAS  
STREET ADDRESS: 107 EASTRIDGE DRIVE  
CITY-STATE-ZIP: EUSTIS FL 32726 ☐ Delete

TITLE: T  
NAME: BRAY, STEVE  
STREET ADDRESS: 104 RIDGEVIEW DRIVE  
CITY-STATE-ZIP: EUSTIS FL 32726 ☐ Delete

TITLE: AT  
NAME: SPRANGE, DEBORAH  
STREET ADDRESS: 107 EASTRIDGE DRIVE  
CITY-STATE-ZIP: EUSTIS FL 32726 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP: 000000600302  
04/03/07-80072-009 61.25

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

*Joseph Lewis* Joseph Lewis 3/23/7 352-483-4964