

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07341

FILED
Apr 28, 2008
Secretary of State

Entity Name: RIDGEVIEW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 614
EUSTIS, FL 32727

New Principal Place of Business:

RIDGEVIEW DRIVE
EUSTIS, FL 32727

Current Mailing Address:

P.O. BOX 614
EUSTIS, FL 32727

New Mailing Address:

FEI Number: 59-3173429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JOE
110 HILLSIDE DRIVE
EUSTIS, FL 32726 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: VP () Delete
Name: JOE, LEWIS
Address: 110 HILLSIDE DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: P () Delete
Name: SPRANGE, THOMAS
Address: 107 EASTRIDGE DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: T (X) Delete
Name: BRAY, STEVE
Address: 104 RIDGEVIEW DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: AT (X) Delete
Name: SPRANGE, DEBORAH
Address: 107 EASTRIDGE DRIVE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, JOSEPH
Address: 110 HILLSIDE DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: VP/T (X) Change () Addition
Name: BRAY, STEVE
Address: 104 RIDGEVIEW DRIVE
City-St-Zip: EUSTIS, FL 32726

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: JOSEPH LEWIS

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date