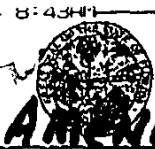


JUL 26 1999 8:43 AM
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NO. 238 P. 575

APPROVAL
 AND
 FILED

00 OCT 24 AM 10:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N10785

1. Corporation Name

The River Ridge Homeowners' Association, Inc.

Principal Place of Business

Mailing Address

8201 River Ridge Boulevard
 New Port Richey, FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/21/85

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3491479

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

24. ☐ 25. ☐ 26. ☐ 27. ☐ 28. ☐ 29. ☐ 30. ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tankel, Robert L. Esq.
 1299 Main Street, Suite F
 Dunedin, FL 34689

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME Boyce, M.D.

STREET ADDRESS 8201 River Ridge Blvd.

CITY-ST-ZIP New Port Richey, FL 34654

TITLE VP ☐ DELETE

NAME Reynolds, B.J.

STREET ADDRESS 8201 River Ridge Blvd.

CITY-ST-ZIP New Port Richey, FL 34654

TITLE STD ☐ DELETE

NAME Paul, II, William D.

STREET ADDRESS 8201 River Ridge Boulevard

CITY-ST-ZIP New Port Richey, FL 34654

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

Reynolds, B.J.

8201 River Ridge Blvd.

New Port Richey, FL 34654

100003454661--3

11/07/00--01032--009

*****63.25 *****63.25

Williamson, Dona

8201 River Ridge Blvd.

New Port Richey, FL 34654

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. D. Boyce

10-13-02

1-800-328-4700

CR2E034 (11/98)