2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10785

FILED Apr 05, 2007 Secretary of State

Entity Name: THE RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10730 US 19 11324 RIDGE ROAD

STE 17 NEW PORT RICHEY, FL 34654

PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

10730 US 19 11324 RIDGE ROAD

STE 17 NEW PORT RICHEY, FL 34654 PORT RICHEY, FL 34668

FEI Number: 59-3491479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC

10730 U S 19

TANKEL, ROBERT L ESQUIRE
1022 MAIN STREET
1022 MAIN STREET

SUITE 17 DUNEDIN, FL 34698 US PORT RICHEY, FL 34668 US

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: ROBERT L. TANKEL, ESQUIRE 04/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 BOYCE, M.D.
 Name:
 BOYCE, M.D.

 Address:
 8201 RIVER RIDGE BLVD
 Address:
 11324 RIDGE ROAD

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPSD () Delete Title: VPSD (X) Change () Addition Name: REYNOLDS, B.J. Name: REYNOLDS, B.J.

Address: 8201 RIVER RIDGE BOULEVARD Address: 11324 RIDGE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD () Delete Title: TD (X) Change () Addition

Name:WILLIAMSON, DONAName:BOYCE, BRYANAddress:8201 RIVER RIDGE BOULEVARDAddress:11324 RIDGE ROAD

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the 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: M. D. BOYCE P 04/05/2007