

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11611

FILED
Jan 10, 2009
Secretary of State

Entity Name: RIDGE MANOR WEST COMMUNITY CLUB, INC.

Current Principal Place of Business:

6376 WINDMERE RD.
RIDGE MANOR WEST, FL 34602

New Principal Place of Business:

Current Mailing Address:

6376 WINDMERE RD.
RIDGE MANOR WEST, FL 34602

New Mailing Address:

FEI Number: 59-2646858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, JOHN O
7173 LEXINGTON CIRCLE
BROOKSVILLE, FL 34602 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: DS () Delete
Name: DUPEE, SHIRLEY
Address: 7046 LEXINGTON CIR
City-St-Zip: BROOKSVILLE, FL 34602

Title: DVP () Delete
Name: WENDELL, DORIS
Address: 31086 INWOOD CR
City-St-Zip: BROOKSVILLE, FL 34602

Title: DP () Delete
Name: SMALL, WILLIAM
Address: 31045 WILLOW BANK AVE
City-St-Zip: BROOKSVILLE, FL 34602

Title: DT () Delete
Name: PEARSON, JOHN
Address: 7173 LEXINGTON CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

Title: D () Delete
Name: JONES, JEAN
Address: 7058 LEXINGTON CIR
City-St-Zip: BROOKSVILLE, FL 34602

Title: D () Delete
Name: LEITZ, VIVIAN
Address: 7193 LEXINGTON CIRCLE
City-St-Zip: BROOKSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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: JOHN O. PEARSON

DT

01/10/2009

Electronic Signature of Signing Officer or Director

Date