


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11941</b> 1. Entity Name <b>DRAGON'S RIDGE OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3900 MARIOTT DR. STE. L PANAMA CITY, FL 32411-7089</b>	Mailing Address <b>P.O. BOX 27089 BAY POINT, FL 32411-7089 US</b>
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3078989</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SWENK, ROBERT 124 DRAGON CIRCLE BAYPOINT, FL 32411-7191</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000670253 03/27/07-80103-011 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWENK, ROBERT 124 DRAGON CIRCLE BAYPOINT, FL 324117191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNOR, DONALD 128 DRAGON CIRCLE BAY POINT, FL 324117554
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REECE, TODD 102 DRAGON CIR BAY POINT, FL 32411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/14/07</b> <small>Date</small>	<b>(850) 234-2727</b> <small>Daytime Phone #</small>
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