2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2007
Secretary of State

DOCUMENT# N18201

Entity Name: SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.

Current Principal Place of Business:

648 SE 4TH AVENUE
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

648 SE 4TH AVENUE
MELROSE, FL 32666 US

New Mailing Address:

648 SE 4TH AVE.
MELROSE, FL 32666 US

FEI Number: 59-2762205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, HOLLIE M
648 SE 4TH AVENUE
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

SMITH, HOLLIE M
648 SE 4TH AVE.
MELROSE, FL 32666 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: _____ 06/30/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CHILDERS, CURTIS
Address: 618 SE 4TH AVE
City-St-Zip: MELROSE, FL 32666

Title: SD ( ) Delete
Name: SMITH, HOLLIE M
Address: 648 SE 4TH AVENUE
City-St-Zip: MELROSE, FL 32666

Title: PD ( ) Delete
Name: GRAB, WILLIAM
Address: 564 SE 4TH AVENUE
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: RAY, JORDAN B
Address: 625 S.E. 5TH AVE.
City-St-Zip: MELROSE, FL 32666

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WALKER, JIM
Address: 742 SE 4TH AVE.
City-St-Zip: MELROSE, FL 32666

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: HOLLIE M. SMITH SD 06/30/2007
Electronic Signature of Signing Officer or Director — Date