

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90098 029 \*\*\*\*61.25

<b>DOCUMENT # N19772</b> 1. Entity Name <b>PALM RIDGE RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1738 TIMBER RIDGE CIR LEESBURG, FL 34748 US</b>			Mailing Address <b>1738 TIMBER RIDGE CIR LEESBURG, FL 34748 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2918777</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HJELMELAND, RODNEY C 1678 TIMBER RIDGE CIRCLE LEESBURG, FL 34748</b>				7. Name and Address of New Registered Agent  Name <b>ROBERT D. RICKSECKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1738 TIMBER RIDGE CIR</b>  City <b>LEESBURG</b> FL <b>34748</b>	
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 <b>ROBERT D. RICKSECKER TR</b> <i>[Signature]</i> <b>4-6-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HJELMELAND, RODNEY 1678 TIMBER RIDGE CIRCLE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD SHIRLEY BALKO 1128 TIMBER RIDGE CIR LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR RICKSECKER, ROB 1738 TIMBER RIDGE CIR LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD BRUCE WOLFE 1721 TIMBER RIDGE CIR LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD CLARK, DOLLY 1710 TIMBER RIDGE CIRCLE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD RICHARD ANDREWS 1752 TIMBER RIDGE CIR LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD HORFERT, WILL 102 MAJOR COURT LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HOFERT, WILL 102 MAJOR CT LEESBURG FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD LESTER, EDNA 1352 TIMBER RIDGE CIRCLE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD LARRY COOPER 1694 TIMBER RIDGE CIR LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENDERSON, KEN 1601 TIMBER RIDGE CIR LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD TOM HONTZ 110 PALMYRA CT LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
SIGNATURE: <b>ROBERT D. RICKSECKER</b> <i>[Signature]</i> <b>4-6-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					