


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90012 005 \*\*\*\*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>
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2. Principal Place of Business - No P.O. Box # <b>102 MAJOR CT.</b>	3. Mailing Address <b>102 MAJOR CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LEESBURG FL</b>	City & State <b>LEESBURG FL</b>
Zip <b>34748</b>	Country <b>US</b>



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2918777</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>RICKSECKER, ROBERT D 1738 TIMBER RIDGE CIRCLE LEESBURG, FL 34748</b>	7. Name and Address of New Registered Agent Name <b>WILLARD HOFFERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 MAJOR CT</b> City <b>LEESBURG</b> FL Zip Code <b>34748</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  **WILLARD HOFFERT PRESIDENT** DATE **2-21-2008**  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD DAVIS, ROBERT 1785 TIMBER RIDGE CIRCLE LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BROWN, DELBERT 110 MAJOR CT. LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR RICKSECKER, ROB 1738 TIMBER RIDGE CIR LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S RUSSO, YALERIE 1722 TIMBER RIDGE CIRCLE LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD WOLFE, BRUCE 1721 TIMBER RIDGE CIRCLE LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T SULLIVAN, DANIEL 1704 TIMBER RIDGE CIRCLE LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOFFERT, WILLARD 102 MAJOR COURT LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D SUEL, LEANNA 1749 TIMBER RIDGE CIRCLE LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD COOPER, LARRY 1694 TIMBER RIDGE CIRCLE LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D WORDEN, BRUCE 1702 TIMBER RIDGE CIRCLE LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD HONTZ, TOM 110 PALMYRA CT LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D STANTON, FRANK 1680 TIMBER RIDGE CIRCLE LEESBURG FL 34748</b>

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:  **WILLARD HOFFERT** DATE **2-21-2008** DAYTIME PHONE # **352-365-9779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N19772

1. Entity Name  
PALM RIDGE RESIDENTS' ASSOCIATION, INC.



40034722

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2918777

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HOFFERT, BEVERLY	
STREET ADDRESS	102 MAJOR COURT	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby cer  
indicated or  
of the corpo  
changed, or

SIGNATU

exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR

Date

Daytime Phone #