2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N19772

Entity Name: PALM RIDGE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

102 MAJOR CT
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

102 MAJOR CT
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-2918777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFERT, WILLARD
102 MAJOR CT
LEESBURG, FL 34748 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:	V	( ) Delete
Name:	BROWNS, DELBERT	
Address:	110 MAJOR CT	
City-St-Zip:	LEESBURG, FL 34748 US	
Title:	S	( ) Delete
Name:	RUSSO, VALERIE	
Address:	1722 TIMBER RIDGE CIRCLE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	T	( ) Delete
Name:	SULLIVAN, DANIEL	
Address:	1704 TIMBER RIDGE CIRCLE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	P	( ) Delete
Name:	HOFFERT, WILLARD	
Address:	102 MAJOR COURT	
City-St-Zip:	LEESBURG, FL 34748 US	
Title:	D	( ) Delete
Name:	WORDEN, BRUCE	
Address:	1702 TIMBER RIDGE CIRLCE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	BD	( ) Delete
Name:	HONTZ, TOM	
Address:	110 PALMYRA CT	
City-St-Zip:	LEESBURG, FL 34748	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	CRISP, BECKY	
Address:	1758 TIMBER RIDGE CIRCLE	
City-St-Zip:	LEESBURG, FL 34748	
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:		

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: WILLARD HOFFERT PRES 02/23/2009
Electronic Signature of Signing Officer or Director — Date