

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21770

FILED
May 04, 2006
Secretary of State

Entity Name: RAMSGATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

DAVID D. JOHNSON
11449 SCOTT MILL RD
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

C/O CONNIE HARNETT
11635 SEDGEMOOR DR. S
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 59-2949331 **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:

JOHNSON, DAVID O
11449 SCOTT MILL RD
JACKSONVILLE, FL 32223 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: T () Delete
Name: GARNETT, CONNIE E
Address: 11635 SEDGEMOORE DR S
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: JOHNSON, DAVID
Address: 11449 SCOTT MILL RD
City-St-Zip: JACKSONVILLE, FL

Title: VPD () Delete
Name: HART, LEE
Address: 11526 SEDGEMOORE DR. E.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: HALL, MARGARET
Address: 11672 EDGEMERE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: PITTS, KIM
Address: 11566 SEDGEMOORE DR. E
City-St-Zip: JACKSONVILLE, FL 32223

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE GARNETT

MRS.

05/04/2006

Electronic Signature of Signing Officer or Director

Date