

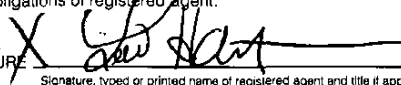
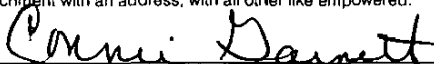


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90099 043 ****61.25

DOCUMENT # N21770 1. Entity Name RAMSGATE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business DAVID D. JOHNSON 11449 SCOTT MILL RD JACKSONVILLE, FL 32223 US			Mailing Address C/O CONNIE HARNETT 11635 SEDGEMOORE DR. S JACKSONVILLE, FL 32223 US		
2. Principal Place of Business - No P.O. Box # C/O Lee Hart Suite, Apt. #, etc. 11526 Sedgemore Dr E. City & State Jacksonville, FL Zip 32223 Country USA		3. Mailing Address C/O Lee Hart Suite, Apt. #, etc. 11526 Sedgemore Dr E City & State Jacksonville, FL Zip 32223 Country USA		40106232 	
4. FEI Number 59-2949331				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DAVID O 11449 SCOTT MILL RD JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name Lee Hart Street Address (P.O. Box Number is Not Acceptable) 11526 Sedgemore Dr. East City Jacksonville FL Zip Code 32223		
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  DATE 5-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE T NAME GARNETT, CONNIE E STREET ADDRESS 11635 SEDGEMOORE DR S CITY-ST-ZIP JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JOHNSON, DAVID STREET ADDRESS 11449 SCOTT MILL RD CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME HART, LEE STREET ADDRESS 11526 SEDGEMOORE DR. E. CITY-ST-ZIP JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE President NAME Lee Hart STREET ADDRESS 11526 Sedgemore Dr. East CITY-ST-ZIP Jacksonville, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HALL, MARGARET STREET ADDRESS 11672 EDGEMERE DR CITY-ST-ZIP JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PITTS, KIM STREET ADDRESS 11566 SEDGEMOORE DR. E CITY-ST-ZIP JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input 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: 			Date 5/2/07 Daytime Phone # 904-262-3035		