

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21770

FILED  
Jul 03, 2008  
Secretary of State

**Entity Name:** RAMSGATE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LEE HART  
11526 SEDGEMOORE DR. E.  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LEE HART  
11526 SEDGEMOORE DR. E.  
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:**

**Name and Address of New Registered Agent:**

HART, LEE  
11526 SEDGEMOORE DR. EAST  
JACKSONVILLE, FL 32223 US

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: P ( ) 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:

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: CONNIE GARNETT

T

07/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date