

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22570

FILED  
Feb 08, 2006  
Secretary of State

**Entity Name:** COUNTRY RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

17345 SW 267 LN.  
HOMESTEAD, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

17345 SW 267 LN.  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

**FEI Number:** 65-0059699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, RICHARD  
17345 SW 267 LANE  
HOMESTEAD, FL 33031 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: S ( ) Delete  
Name: WOODWARD, MARIE  
Address: 26441 SW 173 COURT  
City-St-Zip: HOMESTEAD, FL 33031

Title: VP ( ) Delete  
Name: ESPINEIRA, MARIO  
Address: 26650 SW 174 PLACE  
City-St-Zip: HOMESTEAD, FL 33031

Title: P ( ) Delete  
Name: MURPHY, RICHARD  
Address: 17345 S.W. 264 TERRACE  
City-St-Zip: HOMESTEAD, FL 33031

Title: T ( ) Delete  
Name: REID, DONNA  
Address: 17351 SW 267 LN.  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: CANNON, JOHN  
Address: 26515 S.W. 173 COURT  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: MURPHY, KATHLEEN  
Address: 17345 S.W. 264 TERRACE  
City-St-Zip: HOMESTEAD, FL 33031

**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: D (X) Change ( ) Addition  
Name: DEBORAH, JORDAN  
Address: 26501 SW 173 COURT  
City-St-Zip: HOMESTEAD, FL 33031

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: DONNA ANN REID

T

02/08/2006

Electronic Signature of Signing Officer or Director

Date