2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT # N23622 1. Entity Name 02-15-2006 90049 043 ****61.25 GRACEWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business PO BOX 2007 NEW PORT RICHEY FL 34656 NEW PORT RICHEY FL 34656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2972928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANSONETTI JOHN 7323 AUBURN LANE Auburn NEW PORT RICHEY FL 34654 New Port 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE President ☐ Change Addition TITLE. SANSONETTI, JOHN NAME NAME Mike Aitken 7323 AUBURN LANE STREET ADDRESS STREET ADDRESS 10017 Fountain Ct. **WEW PORT RICHEY FL 34654** CITY-ST-ZIP CITY+ST-7/P NPR FL 3 Vice President ☐ Change ☐ Delete TITLE ☐ Addition TITLE HORVATH, BARRY NAME NAME 10013 FOUNTAIN COURT STREET ADDRESS STREET ADDRESS Same NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐_Delete Change_ _____Addition_ NAME MCLAUGHLAN, JOE NAME STREET ADDRESS 7120 AUBURN LANE Same STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY-ST-7IP TD Delete Treasurer ☐ Change ☐ Addition TITLE TITLE NAME Mills Jeannie 7241 Auburn Lane HALL, TINA NAME STREET ADDRESS 10140 HIGHCREST LANE STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

eanne Mills

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED