2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25511

FILED Apr 29, 2008 Secretary of State

Entity Name: RIVER RIDGE COMMUNITY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 135 W. PINEVIEW ST 110 N. ORLANDO AVE. ALTAMONTE SPRINGS, FL 32714 STE 6 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 135 W. PINEVIEW ST 110 N. ORLANDO AVE. ALTAMONTE SPRINGS, FL 32714 STE 6 MAITLAND, FL 32751 FEI Number: 59-3119519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRESIDENTIAL GROUP SOUTH, INC. TOP NOTCH MANAGEMENT SERVICES 135 W. PINEVIEW ST. 110 N. ORLANDO AVE. ALTAMONTE SPRINGS, FL 32714 US STE 6 MAITLAND, FL 32751 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: MARILYN VINCE 04/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition WOODS, JUSTIN Name: Name: 602 NOTRE DAME DR Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: PD () Delete Title: () Change () Addition CANTERBURY, KALENA Name: Name: Address: 623 CLEMSON DR Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition MORTON, DAVID Name: Name: 632 CLEMSON DRIVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: MARILYN VINCE CAM 04/29/2008