

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90204 015 ****61.25

DOCUMENT # N28797					
1. Entity Name WOODS OF RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654 US			Mailing Address 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3284065	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 TD NAME DUNCAN, DENISE STREET ADDRESS 10439 COPPERWOOD DR. CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE PD NAME John Kreshon STREET ADDRESS 10445 Copperwood CITY-ST-ZIP New Port Richey FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LEGGIERE, TINA STREET ADDRESS 10409 COPPERWOOD DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Rose Woolley STREET ADDRESS 7102 Silverwood CITY-ST-ZIP New Port Richey FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME KNAPIK, CAROL STREET ADDRESS 10234 BELLWOOD AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Dee Goldsmith STREET ADDRESS 7027 Silverwood Dr. CITY-ST-ZIP New Port Richey FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME CERESOLI, TONY STREET ADDRESS 7105 WOODIBIS DR CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME JOHNSON, JENNIFER STREET ADDRESS 7032 WOODIBIS CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					