


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 039 ****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
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2. Principal Place of Business - No P.O. Box # 6710 Embassy Blvd	3. Mailing Address PO Box 1407
Suite, Apt. #, etc. 204	Suite, Apt. #, etc.

City & State Port Richey FL	City & State Port Richey FL
Zip 34668	Zip 34673
Country PASCO	Country PASCO

40116916



04062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3284065	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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) 6710 Embassy Blvd Suite 204 City Port Richey FL Zip Code 34668
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRESHON, JOHN 10445 COPPERWOOD NEW PORT RICHEY, FL 34654 <input 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	VPD WOOLEY, ROSE 7102 SILVERWOOD NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD MARIA BAXTER 7148 Sandywood Ct. New Port Richey FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSMITH, DEE 7027 SILVERWOOD DR NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIAN CLARK 10316 Copperwood Dr New Port Richey FL 34654 <input type="checkbox"/> Change <input checked="" 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
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
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

Daytime Phone #