2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N28797 1. Entity Name WOODS OF RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.						-2007 90052	039 ****6	51.25
11235 OSCE	e of Business OLA DRIVE 3CHEY, FL 34654 US	Mailing Address 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 340	654 US .		4011 63	154. imili i nu s mimis mimis	RIPH BIBIL BIBIL BIB	MII RI - 81 - 800
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Suite, Apt.	#, etc. /	Suite, Apt. #, etc.		04062	2007 Chg-Ni	CR2E	037 (12/06)	
City & Stat	Richen FZ	Sity & State Pl. Chey	K.		Number -3284065		_ 	oplied For ot Applicable
346	68 PASCO	zip3 4673 1	Country PASCO	5. Ceri	ificate of Status [Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7. Nan	e and Address	of New Registere	Agent	
MYSZKOWIAK, MARY ANN 11235 OSCEOLA DRIVE				ddress (P.O. Box	Number is Not A	cceptable)		
NEW PORT RICHEY, FL 34654			(07	110 G	MBASSU	1 BLUD	SU-v+c	204
			City (ORA	Riche	u F	Zig Coo	668
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its regi	istered office or	registered agent		-	ー ノ ア ノ	and accept
3	. :							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gistered Agent signatu	re required when reinsta	ting)	DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 Added to	May Be	Make che	ck payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 Added to	May Be Fees	Make che	ck payable tertment of S	tate
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12. Thereby 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/2007

Daytime Phone #