

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28797

FILED
Mar 20, 2012
Secretary of State

Entity Name: WOODS OF RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6710 EMBASSY BLVD
206
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1407
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 59-3284065 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MYSZKOWIAK, MARYANN
6710 EMBASSY BLVD SUITE 206
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GOLDSMITH, DEE
Address: 6710 EMBASSY BLVD #206
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: LARSON, CONNIE
Address: 6710 EMBASSY BLVD. #206
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: CAPOLUPO, FRANCES
Address: 6710 EMBASSY BLVD #206
City-St-Zip: PORT RICHEY, FL 34668

Title: SD
Name: DANNHEIM, PATRICIA
Address: 6710 EMBASSY BLVD. #206
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VPD
Name: ROSE, ROSE
Address: 6710 EMBASSY BLVD. #206
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD
Name: STIFFEY, SANDRA
Address: 6710 EMBASSY BLVD. #206
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby 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 all other like empowered.

SIGNATURE: MARYANN MYSZKOWIAK

RA

03/20/2012

Electronic Signature of Signing Officer or Director

_____ Date