## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 8:00 am Secretary of State

	741476	. Secretary of State					
1. Entity Nar	IMENT # N30333 RIDGE HOMEOWNERS ASS		Secretary of State 03-12-2004 90021 015 ****61.25				
Principal Place of Business ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789 US		Mailing Address PO BOX 1208 WINTER PARK, FL 3279	0 US		88     88       88       88       88		4121 21 12F
2. Principal Place of Business		3. Malling Address	a tre				
Suite, Apt. #, etc.		Suite, Apt. # etc.	Suite, Apt. # etc.		-NP CR2E	037 (10/03)	
City & State		Sirvistate	Parky	4. FEI Number 43-1245518		- <del></del>	plied For t Applicable
Zip *	Country	<u>~3729</u>	WSA'	5. Certificate of State	F	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered	J Agent	
ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789				Name Street Address (P.O. Box Number is Not Acceptable)			
WINTER	PARK, FL 32789		City		F	Zip Code	e
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.							
are obliga	mons or registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE: I	Registered Agent signature requir	red when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2004		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 DIR		RECTORS	PRS 11. ADDITIONS/CHANGES TO OFFICERS AND D			DIRECTORS IN	10
TITLE	ID	☐ Delete	TITLE	ADDITIONO/OFFICINGEO	TO OF ICENOMINE	☐ Change	Addition
NAME	JEAN-ETIENNE, RONALD	La Delete	NAME			Change	☐ Applition
STREET ADDRESS	11106 CYPRESS LEAF DR		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP				
TITLE	PD	☐ Delete	TITLE		••	Change	Addition
NAME	STOVER, DAVID		NAME			<b>–</b> ,	<del></del>
STREET ADDRESS	11192 CYPRESS LEAF DR		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP.			,	
TITLE	STD	☐ Delete	TITLE			Change	☐ Addition
NAME	WILLIAMSON, MIKE		NAME				
STREET ADDRESS CITY-ST-ZIP	11220 CYPRESS LEAF DR ORLANDO, FL 32825	ياديوا البدء استم	STREET ADDRESS CITY-ST-ZIP	1	<b>-</b>	<u></u> .	_
TITLE	D	Delete	TITLE			☐ Change	Addition
NAME	١٠	<b>₽</b> ⊒ Delete	NAME			☐ Change	Addition
STREET ADDRESS	FARRELLY, KEIM						
	FARRELLY, KEIM 1406 PON PON COURT		STREET ADDRESS				ļ
CITY-ST-ZIP	· ·						·
CITY-ST-ZIP	1406 PON PON COURT	□ Delete	STREET ADDRESS		e 1 , 8 %	Change `	. Addition
TITLE NAME	1406 PON PON COURT	☐ Delete_	STREET ADDRESS CITY-ST-ZIP TITLE NAME	ing the second	11 , 15 m	Change 1	
TITLE NAME STREET ADDRESS	1406 PON PON COURT	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	1 517 1 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	managers on proper despite of the -		<sup>2</sup> ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1406 PON PON COURT	Andreas Type (1)	STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP		S. C. J. N. Sake (S. S. S	33 (\$ 10 \$ 6 )	and the second s
TITLE NAME STREET ADDRESS	1406 PON PON COURT	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS		managers on proper despite of the -		Addition Addition ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/04 411407-380-2605