
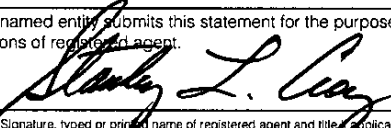
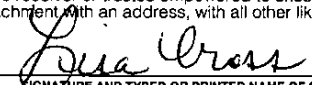


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N37128</b> 1. Entity Name <b>RIDGE POINTE HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.</b>		
Principal Place of Business <b>7905 RIDGE POINTE DRIVE EAST LAKELAND, FL 33810 US</b>		Mailing Address <b>8040 RIDGE PTE DR E. LAKELAND, FL 33810 US</b>
2. Principal Place of Business <b>8038 Ridge Pointe Dr W.</b>		3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State <b>Lakeland, FL</b>		City & State City & State
Zip <b>33810</b>		Country <b>US</b>
4. FEI Number <b>59-3114401</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>COLLIER, JAMES J 7917 RIDGE POINTE DR E LAKELAND, FL 33810</b>		7. Name and Address of New Registered Agent Name <b>Stanley Croy</b> Street Address (P.O. Box Number is Not Acceptable) <b>8038 Ridge Pointe Dr. W.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33810</b>
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:  <span style="float: right;">3/23/04</span> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD <input checked="" type="checkbox"/> Delete NAME COLLIER, JAMES J STREET ADDRESS 7917 RIDGE POINTE DR E CITY-ST-ZIP LAKELAND, FL 33810	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700061631937 STREET ADDRESS 11/22/05--01081--003 **\$61.25 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> Delete NAME OSTOJIC, KAREN STREET ADDRESS 7938 RIDGE POINTE DR W CITY-ST-ZIP LAKELAND, FL 33810	TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Stanley Croy STREET ADDRESS 8038 Ridge Pointe Dr. W CITY-ST-ZIP Lakeland, FL 33810	
TITLE SD <input type="checkbox"/> Delete NAME YELVINGTON, SUSAN STREET ADDRESS 8023 RIDGEPOINT DR E CITY-ST-ZIP LAKELAND, FL 33810	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD <input checked="" type="checkbox"/> Delete NAME CROSS, LISA STREET ADDRESS 8029 RIDGEPOINT DR E CITY-ST-ZIP LAKELAND, FL 33810	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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.		
SIGNATURE:  Lisa Cross		11/16/05 (863) 529-5431 <small>Date Daytime Phone #</small>

FILED  
06 APR 13 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102005 Chg-NP CR2E037 (10/03)