2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N40147

Entity Name: RIDGEVIEW LAKE ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 551390
FT LAUDERDALE, FL 33355 US

New Principal Place of Business:

11530 STATE ROAD 84
DAVIE, FL 33325 US

Current Mailing Address:

11530 STATE RD 84
DAVIE, FL 33325 US

New Mailing Address:

WEST BROWARD COMM MGMT
P O BOX 551390
DAVIE, FL 33355 US

FEI Number: 65-0267647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT CO
11530 STATE ROAD 84
DAVIE, FL 33325 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 ( ) Delete
Name: HAMPTON, NEIL
Address: 1988 SW 105 AVENUE
City-St-Zip: DAVIE, FL 33324

Title: STD ( ) Delete
Name: JONES, JACQUELINE
Address: 10490 SW 20 ST
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: MARTIN, JOE
Address: 1815 SW 101 AVE
City-St-Zip: PLANTATION, FL 33324

Title: V ( ) Delete
Name: ROSS, LIZ
Address: 10141 SW 18 STREET
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: ITZCHAKI, JOE
Address: 1881 SW 105 AVE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MENDEZ, VICTOR
Address: 1816 SW 101 AVE
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: LOOMIS, KEN
Address: 10370 SW 20 STREET
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NEIL HAMPTON P 04/13/2009

Electronic Signature of Signing Officer or Director — Date