


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State


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| DOCUMENT # N40148 |  |
| 1. Entity Name CASA BIANCA RIDGE HOMEOWNERS' ASSOCIATION, INC. | |

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| Principal Place of Business C/O ADELLA MAXWELL 456 RIDGE RD MONTICELLO FL 32344 | Mailing Address C/O ADELLA MAXWELL 456 RIDGE RD MONTICELLO FL 32344 |
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| 2. Principal Place of Business Same | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------|--------------|
| City & State | City & State |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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| 1st MOORE | CR2E037 (10/04) |
| 4. FEI Number 59-3038122 | Applied For <input type="checkbox"/> Not Applicable |

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| 6. Name and Address of Current Registered Agent MAXWELL, ADELLA 456 RIDGE RD. MONTICELLO FL 32344 | 7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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 Adella Maxwell <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 2-22-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LINN, CHERRI 1187 RIDGE ROAD MONTICELLO FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000240844 02/24/05-80019-012 61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MONGE, GEOFF 551 RIDGE RD MONTICELLO FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DTS MAXWELL, ADELLA 456 RIDGE RD. MONTICELLO FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BMD TAYLOR, DANNY 1295 RIDGE ROAD MONTICELLO FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BMD LEDFORD, DAN 757 RIDGE RD MONTICELLO FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: Adella Maxwell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 2-22-05 (850) 997-2502 <small>Daytime Phone #</small> |