
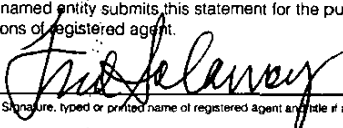
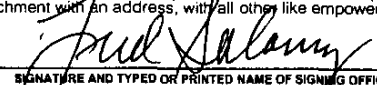


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90232 005 ****61.25

DOCUMENT # N40148 1. Entity Name CASA BIANCA RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O DANNY TAYLOR 1295 RIDGE ROAD MONTICELLO, FL 32344			Mailing Address C/O DANNY TAYLOR 1295 RIDGE ROAD MONTICELLO, FL 32344		
2. Principal Place of Business - No P.O. Box 945 Ridge Road		3. Mailing Address 945 Ridge Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Monticello, FL		City & State Monticello, FL		4. FEI Number 59-3038122	
Zip 32344		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, DANNY 1295 RIDGE ROAD MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name Fred Salancy Street Address (P.O. Box Number is Not Acceptable) 945 Ridge Road City Monticello, FL Zip Code 32344		
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  DATE 4/24/07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDFOORD, DAN 751 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	VD OWINGS, MARIE 851 RIDGE ROAD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, DANNY 1295 RIDGE ROAD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONGE, GEOFF 551 RIDGE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALANCY, FRED 945 RIDGE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALANCY, FRED 945 RIDGE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALANCY, FRED 945 RIDGE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  FRED SALANCY Date 4/24/07 Daytime Phone # 850-644-3911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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