


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 945 RIDGE RD MONTICELLO, FL 32344	Mailing Address 945 RIDGE RD 1295 RIDGE ROAD MONTICELLO, FL 32344
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03212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038122	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 SALANCY, FRED 945 RIDGE RD. MONTICELLO, FL 32344
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDFOED, DAN 751 RIDGE ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNETT, LINK 1276 RIDGE RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBER, MEL 1021 RIDGE RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONGE, GEOFF 551 RIDGE ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALANCY, FRED 945 RIDGE ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report 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: 	4/22/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>