



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N45535			
1. Entity Name PALMETTO RIDGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 506-106TH AVE N NAPLES, FL 34108		Mailing Address 506-106TH AVE N NAPLES, FL 34108	
			
		01072007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 65-0402594	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
LIEBERFARB, STANLEY J 1100 5TH AVE S STE 405 NAPLES, FL 34102			
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 _____			
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	000000614504 02/06/07-80033-025 61.25
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	LAGRASTA, DOMENICO		
STREET ADDRESS	506-106TH AVE N		
CITY-STATE-ZIP	NAPLES, FL 34108		
TITLE	D		
NAME	LAGRASTA, MARIA		
STREET ADDRESS	506-106TH AVE N		
CITY-STATE-ZIP	NAPLES, FL 34108		
TITLE	D		
NAME	LIEBERFARB, STANLEY J		
STREET ADDRESS	1100 5TH AVE STE 405		
CITY-STATE-ZIP	NAPLES, FL 34102		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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: <u>Maria La Grasta</u> MARIA LA GRASTA <u>1-23-07</u> <u>239-597-5850</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			