


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45535</b>	
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
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DO NOT WRITE IN THIS SPACE

01142008 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	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_

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	D LAGRASTA, DOMENICO 506-106TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGRASTA, MARIA 506-106TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERFARB, STANLEY J 1100 5TH AVE STE 405 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/28/08-80012-009 61.25

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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:** Maria La Grasta MARIA LA GRASTA 1-14-2008 239-597-5850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #