2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1. Entity Na	JMENT # N45859 me RIDGE HOMEOWNER'S AS	SSOCIATION, INC.				04-17-200	90416 01	37 ****6	1.25
Suite, Apl. #, exc. Suite, Apl. #, etc.	PO BOX 593 PO I		PO BOX 593	US						
City & State City & State City & State City & State	2. Principal i	Place of Business	3. Mailing Address		<u> </u>					
Zip Country Zip Country Zip Country 5. Settlicate of Satura Desired Set.75 Additional February Set.75 Additional Feb	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162006	Chg-NP	CR2E0	37 (11/05)	
E. Name and Address of Current Registered Agent FLANZ, DIANNE 891 LLCARIA DR CRY CRY CRY CRY CRY CRY FL Zip Code CRY CRY FL Zip Code CRY CRY CRY FL Zip Code CRY CRY FL Zip Code CRY CRY CRY FL Zip Code CRY CRY FL Zip Code CRY CRY CRY CRY CRY FL Zip Code CRY CRY CRY FL Zip Code CRY CRY CRY CRY CRY CRY CRY CR	City & State		City & State		4. FEI Number 59-3102	023		 - -		
PFLANZ, DIANNE 891 LICARIA DR City FL City City FL City FL City FL City FL City FL C	Zip		· ·	Coi	untry	5. Certificate of	Status Desire	d 🗆	\$8.75 Ad	Iditional
PFLANZ, DIANNE 891 LICARIA DR		6. Name and Address of Current	Registered Agent	·		7. Name and A	ddress of Nev	w Registered	Agent	
SITERT ADDRESS OT SETER AURIES STREET ADDRESS OT	DELANT			-	Name					
City	891 LICAF		Street Address			(P.O. Box Number is Not Acceptable)				
A. 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 Signature Signature product of the number of registered agent and title it addicable. (NOTE Registered Agent signature recursor when remotituding) DATE		·			City				Zin Coc	1a
SIGNATURE Signature Software Software			····		,					
Filing Fee is \$61.25 S. Election Campaign Financing S. S. 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 IO TITLE PD	the obliga	lions of registered agent.				Stored agent, or boin,	in the state of	Fiorica. Tair	iamijar w im,	, ано ассерт
TITLE NAME STREET ADDRESS CITY-ST-ZIP COCCEE, FL 34761 Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY		Signature, types or printed name or registered agant	and title if applicable. (N	OTE: Registere	d Agent signature requ	uired when reinstating)		DATE		
NAME STREET ADDRESS 1500 WURST RD, STE. 1 OCOEE, FL 34761 TITLE NAME PFLANZ, DIANNE STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 TITLE NAME STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDR		Filing Fee is \$61.25 Due by May 1, 2006	9. Election C Trust Fund	Campaign F	inancing	\$5.00 May Be	F	Make check		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 110. Floride Statute 110.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIS PD WAITCHES, FELIX 1500 WURST RD. STE. 1 OCOEE, FL 34761 T PFLANZ, DIANNE 891 LIEARIA DR. OCOEE, FL 34761 VPD MOORE, RONALD 1500 KEY LIME DR OCOEE, FL 34761 SD OWENS, JAMES 801 LICARIA DR	9. Election C Trust Fund RECTORS Delete Delete Delete	Campaign F d Contribut 11. TITLE NAME STREE CITY-	E E E E E E E E E E E E E E E E E E E	\$5.00 May Be Added to Fees	1	Make check lorida Depar	Change Change Change	Addition Addition Addition Addition Addition

indicated on this report or supplied with this filling 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.

FULL S. DATE OF SIGNING OFFICER OR DIRECTOR

3-4-06

407-654-5427

Daytime Phone #