## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46220

Title:

Name:

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

Entity Name: LAUREL RIDGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2412 N ESSEX AVE HERNANDO, FL 34442 US **Current Mailing Address: New Mailing Address:** 2412 N ESSEX AVE HERNANDO, FL 34442 US FEI Number: 59-3096168 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, HUGH 2412 N ESSEX AVE HERNANDO, FL 34442 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD (X) Change ( ) Addition () Delete MANFRED, BLOCH WILLAMS, ROGER Name: Name: 289 W ROMANY LOOP Address: 537 W HILLWOOD PATH Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: BEVERLY HILLS, FL 34465 Title: Title: () Change () Addition ( ) Delete VEHRS, RICHARD Name: Name: Address: 227 W CLIFTON PL Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: Title: PD3 () Delete Title: (X) Change ( ) Addition HIMMELSPACH, ANTON MCCLURE, WILLIAM Name: Name: 4949 N EL CAMINO DR 4750 N EL CAMINO DR Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: BEVERLY HILLS, FL 34465 Title: SD ( ) Delete Title: SD (X) Change ( ) Addition COLBERT, MIKE Name: Name: COLBERT, MIKE 4795 CRESTLINE DR 4759 CRESTLINE DR Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: BEVERLY HILLS, FL 34465 Title: () Delete Title: (X) Change ( ) Addition LANGE, BARBARA LANGE, BARBARA Name: Name: 4711 HUNTWOOD POINTE 4711 HUNTWOOD POINT Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROGER WILLIAMS PD 04/17/2009

(X) Delete

BONNING, MARY

547 HILLWOOD PATH

BEVERLY HILLS, FL 34465

() Change () Addition