

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 15, 2009
Secretary of State

DOCUMENT# N46220

Entity Name: LAUREL RIDGE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2412 N ESSEX AVE
HERNANDO, FL 34442 US**New Principal Place of Business:****Current Mailing Address:**2412 N ESSEX AVE
HERNANDO, FL 34442 US**New Mailing Address:****FEI Number:** 59-3096168**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHILLIPS, HUGH
2412 N ESSEX AVE
HERNANDO, FL 34442 US**Name and Address of New Registered Agent:**

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:**Title:** PD () Delete
Name: WILLIAMS, ROGER
Address: 537 W HILLWOOD PATH
City-St-Zip: BEVERLY HILLS, FL 34465**Title:** D () Delete
Name: VEHR, RICHARD
Address: 227 W CLIFTON PL
City-St-Zip: BEVERLY HILLS, FL 34465**Title:** D () Delete
Name: MCCLURE, WILLIAM
Address: 4750 N EL CAMINO DR
City-St-Zip: BEVERLY HILLS, FL 34465**Title:** SD () Delete
Name: COLBERT, MIKE
Address: 4759 CRESTLINE DR
City-St-Zip: BEVERLY HILLS, FL 34465**Title:** D () Delete
Name: LANGE, BARBARA
Address: 4711 HUNTWOOD POINT
City-St-Zip: BEVERLY HILLS, FL 34465**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: LANGE, BARBARA
Address: 4711 HUNTWOOD POINT
City-St-Zip: BEVERLY HILLS, FL 34465**Title:** TD () Change (X) Addition
Name: BRUNEN, CATHERINE
Address: 535 W LARCHMONT COURT
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.

SIGNATURE: ROGER WILLIAMS

PD

06/15/2009

Electronic Signature of Signing Officer or Director

Date