

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46321

FILED
Sep 10, 2004
Secretary of State**Entity Name:** RIES ROAD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3136 RIES ROAD
LAUREL HILL, FL 32567 US**New Principal Place of Business:****Current Mailing Address:**3136 RIES ROAD
LAUREL HILL, FL 32567 US**New Mailing Address:****FEI Number:** 59-3100967**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CASTLEBERRY, NERISSA
3136 RIES ROAD
LAUREL HILL, FL 32567 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: CASTLEBERRY, NERISSA
Address: 3136 RIES ROAD
City-St-Zip: LAUREL HILL, FL 32567 US**Title:** VD () Delete
Name: STEPHENS, PATRICIA
Address: 3145 RIES ROAD
City-St-Zip: LAUREL HILL, FL 32567**Title:** STD () Delete
Name: JOORDAN, SARAH
Address: 3144 REIS RD
City-St-Zip: LAUREL HILL, FL 32567**Title:** D () Delete
Name: GAY, CARL
Address: 3145 RIES ROAD
City-St-Zip: LAUREL HILL, FL 32567**Title:** D () Delete
Name: ADAMS, DEBRA
Address: 3131 RIES ROAD
City-St-Zip: LAUREL HILL, FL 32567**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:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NERISSA CASTLEBERRY

PD

09/10/2004

Electronic Signature of Signing Officer or Director

Date