


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90040 039 ****61.25

DOCUMENT # N46720 1. Entity Name HOMETOWN RIDGEWOOD HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 700 ELLENTON, FL 34222			Mailing Address PO BOX 54 ELLENTON, FL 34222 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0301554	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWN, AUDREY C 3310 STEPHANIE LANE ELLENTON, FL 34222				7. Name and Address of New Registered Agent Name CHARLES H. SUNDIN Street Address (P.O. Box Number is Not Acceptable) 3551 LAUREN CT City ELLENTON FL Zip Code 34222	
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 <i>Charles H. Sundin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-24-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, AUDREY C 3310 STEPHANIE LANE ELLENTON, FL 34222	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP IADOW, CAROL 3445 STEPHANIE LANE ELLENTON, FL 34222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLANT, ROBERT 6041 COCONUT GROVE CIR ELLENTON, FL 34222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTORF, BETTY E 7030 DATE PALM LANE ELLENTON, FL 34222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAANSEN, RICHARD L 6887 COCONUT GROVE CRC ELLENTON, FL 34222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSON, DONALD 6628 LACY LN ELLENTON, FL 34222	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUNDIN CHARLES H 3551 LAUREN CT ELLENTON FL 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HILDA SCHILLING 3405 STEPHANIE LANE ELLENTON FL 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>Charles H. Sundin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-24-07 Daytime Phone # 941 721 4883	