


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90183 007 \*\*\*\*61.25

<b>DOCUMENT # N46720</b> 1. Entity Name <b>HOMETOWN RIDGEWOOD HOME OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 700 ELLENTON, FL 34222</b>			Mailing Address <b>PO BOX 54 ELLENTON, FL 34222 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0301554</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SUNDIN, CHARLES H 3551 LAUREN CT. ELLENTON, FL 34222</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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: <b>CHARLES H. SUNDIN TREAS.</b> <i>Charles H Sundin</i> <b>5-1-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, AUDREY C</b> <b>3310 STEPHANIE LANE</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHARLES SUNDIN</b> <b>3551 LAUREN CT</b> <b>ELLENTON FL 34222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>IADOW, CAROL</b> <b>3445 STEPHANIE LANE</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>GERRY STRACHAN</b> <b>6806 PALMETTO GROVE</b> <b>ELLENTON FL 34222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GALLANT, ROBERT</b> <b>6041 COCONUT GROVE CIR</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSE CLAY</b> <b>3433 STEPHANIE LANE</b> <b>ELLENTON FL 34222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BITTORF, BETTY E</b> <b>7030 DATE PALM LANE</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>KATHY ECKERT</b> <b>6833 COCONUT GROVE CIRCLE</b> <b>ELLENTON FL 34222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADRIAANSEN, RICHARD L</b> <b>6887 COCONUT GROVE CRC</b> <b>ELLENTON, FL 34222</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIANA MACFARLAND</b> <b>3328 STEPHANIE LANE</b> <b>ELLENTON FL 34222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OLSON, DONALD</b> <b>6628 LACY LN</b> <b>ELLENTON, FL 34222</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 the empowered.					
SIGNATURE: <i>Charles H Sundin</i> <b>CHARLES H. SUNDIN</b> <b>2-1-08</b> <b>941 721 4883</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					