## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2006 8:00 am Secretary of State

| DOCUMENT # N50895  1. Entity Name RIVER'S RIDGE HOMEOWNERS ASSOCIATION, INC.  |   |  |   |                                     |   |                    | _                                     | )42 ****61.  |                              |
|---|---|--|---|-------------------------------------|---|--------------------|---------------------------------------|--|------------------------------|
| Principal Place of Business Mailing Address 1205 MANATEE AVENUE WEST PO BOX 14423 BRADENTON, FL 34205 BRADENTON, FL 34208-4   |   |  |   |                                     |   |                    | ,                                     |  |                              |
|   |   |  |   |                                     | 14661141 661 6  |                    |                                       |  |                              |
| 2233 11th Ave. W. P.O.  |   | 3. Mailing Address P.O. Box 916  | .O. Box 916   |                                     |   |                    |                                       |  |                              |
| Suite, Apt.<br>Rear   | #, etc.   | Suite, Apt. #, etc.  |   |                                     | 01302006  | Chg-NP             | CR2E                                  | 037 (11/05)  |                              |
| City & State  |   | City & State   |   | ľ                                   | 4. FEI Number<br>65-0391  | 572                |                                       | <del> </del>   | plied For                    |
| Bradent<br>Zip  | Country   | Bradenton, FL  | Country   |                                     |   |                    |                                       | \$8.75 Add   | t Applicable itional         |
| 34205   | U.S.A.  | 34206  | U.S.A.  |                                     | 5. Certificate o  |                    |                                       | Fee Required   |                              |
| <del></del>   | 6. Name and Address of Current  | Registered Agent   | Name  | C                                   | 7. Name and A   | ddress of Ne       | w Registere                           | d Agent  |                              |
| HAMLIN, CURTIS D.<br>1205 MANATEE AVENUE WEST   |   |  |   | ne S.                               | Barcus O. Box Number  | is Not Accept      | able)                                 |  |                              |
|   | ON, FL 34205  |  |   |                                     | h Ave. W  |                    |                                       | · <del></del>  |                              |
|   |   |  |   |                                     |   | <del> </del>       |                                       | 1  |                              |
|   |   |  | City<br>Brad  | enton                               | <u>.</u>  |                    | F                                     | - J-20.  |                              |
|   | named entity submits this statement for   | or the purpose of changing its r   | egistered office or   | registere                           | ed agent, or both   | , in the State o   | if Florida. I a                       | m familiar with,   | and accept                   |
| the oongan  | :0: 1   |  |   |                                     |   |                    | 01.100                                | 100  |                              |
| SIGNATURE .   | Klyne Stale   | us   |   |                                     |   |                    | 04/06                                 |  |                              |
|   | Clansitive hased or printed name of registered agent  | and title if applicable (NOTE:   | Registered Agent signal   | ure required s                      | when reinstating)   |                    | DATI                                  |  |                              |
|   | Signature, typed or printed name of registered agent  |  | Registered Agent signati  |                                     |   |                    |                                       |  |                              |
|   | Filing Fee is \$61.25   | and title if applicable. (NOTE:  9. Election Cam  Frust Fund Co                | paign Financing   |                                     | \$5.00 May Be<br>Added to Fees                                    |                    | Make che                              | eck payable to<br>artment of Si  |                              |
| 10.   |   | 9. Election Cam<br>Trust Fund Co   | paign Financing   |                                     | \$5.00 May Be   | 1                  | Make che<br>Florida Dep               | eck payable to<br>artment of St  | ate                          |
|   | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DI  | 9. Election Cam<br>Trust Fund Co   | paign Financing ontribution.  |                                     | \$5.00 May Be<br>Added to Fees                                    | 1                  | Make che<br>Florida Dep               | eck payable to<br>artment of St  | ate                          |
| 10.<br>TITLE<br>NAME  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI PD GABRESKI, ROBERT   | 9. Election Cam<br>Trust Fund Co   | paign Financing ontribution.  11.  TILE  NAME   |                                     | \$5.00 May Be<br>Added to Fees                                    | 1                  | Make che<br>Florida Dep               | eck payable to<br>artment of St<br>DIRECTORS IN  | 10                           |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI PD GABRESKI, ROBERT 2041 84TH ST CIRCLE NW BRADENTON, FL 34209  VPD   | 9. Election Cam<br>Trust Fund Co   | paign Financing ontribution.  11.  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   |                                     | \$5.00 May Be<br>Added to Fees                                    | 1                  | Make che<br>Florida Dep               | eck payable to<br>artment of St<br>DIRECTORS IN  | 10                           |
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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 attact finent with an address, with all other like empowered.

SIGNATURE:

Patricia Krohmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/06

941-746-4998

Date Daysme Phone #