2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50895



04-26-2007 90193 047 ****61.25 RIVER'S RIDGE HOMEOWNERS ASSOCIATION, INC. 40082678 Principal Place of Business Mailing Address 2233 11TH AVE W POB 916 BRADENTON, FL 34206 REAR BRADENTON, FL 34205 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E037 (12/06) Chg-NP 4. FEI Number 65-0391572 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARCUS, DIANE S Street Address (P.O. Box Number is Not Acceptable) 2233 11TH AVE W **BRADENTON, FL 34205** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 Change DP TITLE Delete TITLE \mathcal{D}/P Addition JUSEPH MIELE KROHMER, PATRICIA NAME 2030 844 St.CIR. N.W. NAME 2037 84TH ST CIRCLE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34209 BRADENTON, FL 34209 Change D/5/T DS ■ Addition Delete TITLE TITLE VINCENT DONATO 2004 845 St. CIR. N.W. HANSON, GAIL NAME NAME 2026 84TH ST. CIR NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL. 34209 CITY-ST-ZIP BRADENTON, FL 34209 DT Change ☐ Addition TITLE TITLE Delete DONALD ZIRKELBACH HANSON, GAIL NAME NAME 2032 84 th St. CIR. N.W. STREET ADDRESS 2026 84TH ST. CIR. NW STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-7)P ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 althorhement with an address, with all other like embowered. he receiver or trustee empower schment with an address, with

SIGNATURE:

941-746-4998 Date Payline Phone 9

FILED

Apr 26, 2007 8:00 am Secretary of State