

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000760

FILED
Feb 08, 2009
Secretary of State

Entity Name: RIDGE POINT ASSOCIATION, INC.

Current Principal Place of Business:

11099 RIDGE POINT DR
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

11099 RIDGE POINT DR
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3169582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATLINO, KAREN
4633 RIDGE WALK LANE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

PAOLINO, KAREN
4633 RIDGE WALK LANE
JACKSONVILLE, FL 32257 US

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: KAREN PAOLINO

02/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: NELSON, MARCIA
Address: 4637 RIDGE POINT CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: DV () Delete
Name: HENDERSON, AMY
Address: 11065 RIDGE PT DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: DP () Delete
Name: PAOLINO, KAREN
Address: 4633 RIDGE WALK LANE
City-St-Zip: JACKSONVILLE, FL 32257

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN PAOLINO

DP

02/08/2009

Electronic Signature of Signing Officer or Director

Date