


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90190 047 ****61.25

| | | | | | |
|--|-------------------|---|---|---|--|
| DOCUMENT # N93000003562 1. Entity Name RIDGEVIEW LAKE ESTATES NORTH HOME OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business ACCOUNTSULT, LLC SUITE 430 FORT LAUDERDALE, FL 33324 US | | | Mailing Address 8211 W BROWARD BLVD SUITE 430 FORT LAUDERDALE, FL 33324 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 65-0416699 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PROCTON, L. ESQ 400 SE 18TH ST FORT LAUDERDALE, FL 33319 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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 | | | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGER, LEONARD | | NAME | S. Michael Betancourt | |
| STREET ADDRESS | 1662 SW 103 LN | | STREET ADDRESS | 10461 SW 16 Place | |
| CITY-ST-ZIP | DAVIE, FL 33324 | | CITY-ST-ZIP | DAVIE, FL 33324 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUGAN, MADELINE | | NAME | Mauricio Forero | |
| STREET ADDRESS | 10443 SW 16 MANOR | | STREET ADDRESS | 1742 SW 103 Lane | |
| CITY-ST-ZIP | DAVIE, FL 33324 | | CITY-ST-ZIP | DAVIE, FL 33324 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EHREN, MICHAEL | | NAME | Bobbie Sewell | |
| STREET ADDRESS | 1663 SW 103 LN | | STREET ADDRESS | 1711 SW 105 Lane | |
| CITY-ST-ZIP | DAVIE, FL 33324 | | CITY-ST-ZIP | DAVIE, FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date: 4/22/07 (954) 985-0460 <small>Daytime Phone #</small> | | | | | |