



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 # Suite, Apt. #, etc. 4000 Hollywood Blvd., Ste 455-South		3. Mailing Address Suite, Apt. #, etc. Suite 455-South			
City & State Hollywood, Florida		City & State Hollywood, FL		11202008 Chg-NP CR2E037 (12/06)	
Zip 33021		Country USA		4. FEI Number 65-0416699	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PROCTON, L. ESQ 400 SE 18TH ST FORT LAUDERDALE, FL 33319			7. Name and Address of New Registered Agent Name <u>John D. Kelner, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. Suite 455-South City <u>Hollywood</u> <u>FL</u> <u>33021</u>		
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 <u>[Signature]</u> 12/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUGAN, MADELEINE 10443 SW 16 MANOR DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700138696757 12/08/08--01065--009 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHATKIN, STEPHANIE 1633 SW 103 LANE DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALIN, DAWN 1752 SW 103 LANE DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRINK, JOHN 1621 SW 105 LANE DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.					
SIGNATURE: <u>MADELEINE DUGAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12/2/08 954-673-0666 <small>Date Daytime Phone #</small>		

FILED
08 DEC -8 PM 1:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

12/9/08