


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 026 ****61.25

DOCUMENT # <u>N94000000195</u>	
1. Entity Name <u>Ridaught Landing Three Association, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # <u>7400 Baymeadows way</u>		3. Mailing Address <u>7400 Baymeadows way</u>	
Suite, Apt. #, etc. <u>Ste. 317</u>		Suite, Apt. #, etc. <u>Ste 317</u>	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32256</u>	Country <u>US</u>	Zip <u>32256</u>	Country <u>US</u>

CR2E037B (5/07)

4. FEI Number <u>59-3227622</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>Sherrill Schafer</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7400 Baymeadows way, Ste 317</u>	
City <u>Jacksonville</u>	FL Zip Code <u>32256</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> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>	DATE <u>5/15/2008</u> <small>(NOTE: Registered Agent signature required when registering.)</small>

FEE IS \$61.25 Initial or Amended AR	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>GAIL SIMPSON</u> <u>2956 TUSCARORA TRAIL</u> <u>MIDDLEBURG, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>PAM GOLEMME</u> <u>2954 TUSCARORA TRAIL</u> <u>MIDDLEBURG, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>CAROL COLLIER</u> <u>2827 TUSCARORA TRAIL</u> <u>MIDDLEBURG, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address with all other like empowered.	
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>5/15/2008</u> DAYTIME PHONE # <u>904-367-8532</u>