


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90050 047 ****61.25

DOCUMENT # N94000003014 1. Entity Name SKYRIDGE TERRACE PROPERTY OWNERS ASSOCIATION, INC.																																																																																																															
Principal Place of Business 37616 SKY RIDGE CT. DADE CITY, FL 33525		Mailing Address PO BOX 1000 ZEPHYRHILLS, FL 33539																																																																																																													
2. Principal Place of Business - No P.O. Box # 37502 Skyridge Ct		3. Mailing Address 37502 Skyridge Ct																																																																																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																													
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Zip 33525		Zip 33525																																																																																																													
Country USA		Country USA																																																																																																													
4. FEI Number 59-3629780		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent CORREIA, M. PAUL 37608 SKYRIDGE CIRCLE DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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, 2008		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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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: <i>Peggy L. Panak</i>		Date 4-7-08 Daytime Phone # 813-783-7366																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																																																																																													