2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N95000000076

Entity Name: PARK RIDGE ON LAKE MINNEOLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3355271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MERRILL, CALVIN	
Address:	802 PARK VALLEY CIR	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	VPD	( ) Delete
Name:	SHORE, KENT	
Address:	1135 WINDY BLUFF DR	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	SD	( ) Delete
Name:	HAHN, SHARON	
Address:	971 PARK RIDGE BLVD	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	TD	( ) Delete
Name:	CAMPBELL, GINA	
Address:	801 PARK VALLEY CIR	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	D	( ) Delete
Name:	DAY, WALTER R	
Address:	614 PARK VALLEY CIR	
City-St-Zip:	MINNEOLA, FL 34715	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	ROY, ROB	
Address:	763 PARK VALLEY CIR	
City-St-Zip:	MINNEOLA, FL 34715	
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 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: CALVIN MERRILL PD 04/12/2007

Electronic Signature of Signing Officer or Director — Date