2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90019 029 ****61.25

DOCUMENT # N95000003207

1. Entity Name
DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10730 STE 17 NEW PORT RICHEY, FL 34668 US	10730 STE 17 NEW PORT RICHEY, FL 34668 US

03302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
10730 U. S. 19	10730 U. S. 19
Suite, Apt. #, etc.: Suite 17	Suite, Apt. #, etc.: Suite 17
City & State: Port Richey, FL	City & State: Port Richey, FL
Zip: 34668 Country: Pasco	Zip: 34668 Country: Pasco

4. FEI Number 59-3386703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEATE, RUSS 10730 US 19 STE 17 PORT RICHEY, FL 34668	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 NAVATTA, VITO 10642 MAGRATH LANE NEW PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~HAJGAK, JAMES~~ ~~10653 MAGRATH LANE~~ ~~NEW PORT RICHEY, FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ KAHENY, JOHN 7711 ROYCROFT DR NEW PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~HALL, MICHAEL~~ ~~10713 MAGRATH LANE~~ ~~NEW PORT RICHEY, FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CAPLES, PHIL~~ ~~10647 MAGRATH LANE~~ ~~NEW PORT RICHEY, FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schmackel, Michael 10702 Magrath Lane New Port Richey, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #