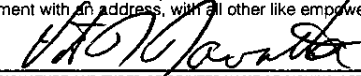


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 10730 STE 17 NEW PORT RICHEY, FL 34668 US			Mailing Address 10730 STE 17 NEW PORT RICHEY, FL 34668 US		
2. Principal Place of Business 10730 U. S. 19 Suite, Apt. #, etc. Suite 17		3. Mailing Address 10730 U. S. 19 Suite, Apt. #, etc. Suite 17			
City & State Port Richey, FL		City & State Port Richey, FL		4. FEI Number 59-3386703	
Zip 34668		Country Pasco		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEATE, RUSS 10730 US 19 STE 17 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$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 PD ☐ Delete	NAME NAVATTA, VITO		TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 10642 MAGRATH LANE	CITY-ST-ZIP NEW PORT RICHEY, FL		NAME 	STREET ADDRESS 	
CITY-ST-ZIP NEW PORT RICHEY, FL			CITY-ST-ZIP 		
TITLE VD ☒ Delete	NAME HAJGAK, JAMES --		TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 10658 MAGRATH LANE	CITY-ST-ZIP NEW PORT RICHEY, FL		NAME 	STREET ADDRESS 	
CITY-ST-ZIP NEW PORT RICHEY, FL			CITY-ST-ZIP 		
TITLE SD -- ☐ Delete	NAME KAHENY, JOHN		TITLE VSTD ☒ Change ☐ Addition		
STREET ADDRESS 7711 ROYCROFT DR	CITY-ST-ZIP NEW PORT RICHEY, FL		NAME 	STREET ADDRESS 	
CITY-ST-ZIP NEW PORT RICHEY, FL			CITY-ST-ZIP 		
TITLE TD ☒ Delete	NAME HALL, MICHAEL --		TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 10713 MAGRATH LANE	CITY-ST-ZIP NEW PORT RICHEY, FL		NAME 	STREET ADDRESS 	
CITY-ST-ZIP NEW PORT RICHEY, FL			CITY-ST-ZIP 		
TITLE D ☒ Delete	NAME CAPLES, PHIL --		TITLE D ☐ Change ☒ Addition		
STREET ADDRESS 10647 MAGRATH LANE	CITY-ST-ZIP NEW PORT RICHEY, FL		NAME Schmackel, Michael	STREET ADDRESS 10702 Magrath Lane	
CITY-ST-ZIP NEW PORT RICHEY, FL			CITY-ST-ZIP New Port Richey, FL		
TITLE 	NAME 		TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 	CITY-ST-ZIP 		NAME 	STREET ADDRESS 	
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: 			Date: 4/8/04 Daytime Phone #		