

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90061 012 ****61.25

DOCUMENT # N95000003207	
1. Entity Name DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 10730 US 19 STE 17 NEW PORT RICHEY FL 34668 US	Mailing Address 10730 US 19 STE 17 NEW PORT RICHEY FL 34668 US
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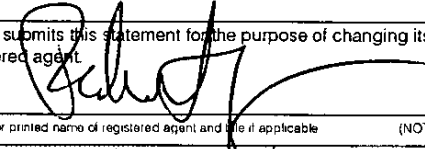
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/04)
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 PEATE, RUSSELL 10730 US 19 STE 17 PORT RICHEY FL 34668	
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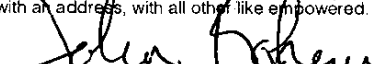
7. Name and Address of New Registered Agent Name Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. Highway 19 ROBERT L. BERG City Port Richey FL Zip Code 34668	
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8. The above named entity submits this 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD NAVATTA, VITO --- 10642 MAGRATH LANE --- NEW PORT RICHEY FL --- ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KAHENY, JOHN 7711 ROYCROFT DR NEW PORT RICHEY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMACKEL, MICHAEL 10702 MAGARTH LANE NEW PORT RICHEY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mitrani, Joseph 7640 Roycroft Drive New Port Richey, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Johnson, Henry 7717 Roycroft Drive New Port Richey, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #