



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90044 019 ****61.25

DOCUMENT # N95000003793 1. Entity Name RIVER RIDGE RESERVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2531 REGAL RIVER RD VALRICO, FL 33594 US			Mailing Address 2531 REGAL RIVER ROAD VALRICO, FL 33594 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40000434</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 01022008 Chg-NP CR2E037 (12/06) </div>	
City & State		City & State			
Zip 33596	Country	Zip 33596	Country		
4. FEI Number 59-3459008				<input type="checkbox"/> 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 MCKENZIE, LINDA 2531 REGAL RIVER ROAD VALRICO, FL <u>33594</u> 33596			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIU, FELIX 2526 REGAL RIVER ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33596	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, RUFUS 2558 REGAL RIVER RD. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR PATRICIA GARDNER 2553 REGAL RIVER RD VALRICO FL 33596	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCKENZIE, LINDA 2531 REGAL RIVER ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33596	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, BEVERLY 2523 REGAL RIVER ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT BEVERLY EDWARDS MCLEMORE 33596	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, LLYOD 2573 REGAL RIVER ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33596	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: LINDA MCKENZIE <i>Linda R. McKenzie</i> 12/02/08 813 655 3939 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					