

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001073**

**1. Entity Name**  
RIDGE ESTATES PROPERTY OWNERS ASSOCIATION,  
INC.



**Principal Place of Business**  
7568 W RIDGE ESTATES DR  
GLEN SAINT MARY, FL 32040

**Mailing Address**  
7568 RIDGE ESTATES DR W  
GLEN ST MARY, FL 32040



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3006747

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STARLING, CHRIS  
7914 W RIDGE ESTATES DR  
GLEN SAINT MARY, FL 32040

**DO NOT WRITE  
IN THIS SPACE**

**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, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** STARLING, CHRIS  
**STREET ADDRESS** 7914 W RIDGE ESTATES DR  
**CITY- ST- ZIP** GLEN SAINT MARY, FL 32040

**TITLE** PD  
**NAME** BRACK, JOE  
**STREET ADDRESS** 7729 W RIDGE ESTATES DR  
**CITY- ST- ZIP** GLEN SAINT MARY, FL 32040

**TITLE** VD  
**NAME** GARDNER, GRANT  
**STREET ADDRESS** 7451 E RIDGE ESTATES DR  
**CITY- ST- ZIP** GLEN SAINT MARY, FL 32040

**TITLE** STD  
**NAME** CONN, DEBORAH  
**STREET ADDRESS** 7568 RIDGE ESTATES DR W  
**CITY- ST- ZIP** GLEN SAINT MARY, FL 32040

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

U00000779959  
01/14/08-80003-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Deborah A. Conn (Sec. Treas)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

1-9-08

**Daytime Phone #**

(904)

237-8900