

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001073

FILED
Jan 07, 2009
Secretary of State

Entity Name: RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7568 W RIDGE ESTATES DR
GLEN SAINT MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

7568 RIDGE ESTATES DR W
GLEN ST MARY, FL 32040

New Mailing Address:

FEI Number: 59-3006747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STARLING, CHRIS
Address: 7914 W RIDGE ESTATES DR
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: PD () Delete
Name: BRACK, JOE
Address: 7729 W RIDGE ESTATES DR
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: VD () Delete
Name: GARDNER, GRANT
Address: 7451 E RIDGE ESTATES DR
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: STD () Delete
Name: CONN, DEBORAH
Address: 7568 RIDGE ESTATES DR W
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A. CONN

STD

01/07/2009

Electronic Signature of Signing Officer or Director

Date