


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90032 014 ****61.25

DOCUMENT # N96000001428 1. Entity Name THE GALLERY AT RIDGEWOOD LAKES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 112 AVE D, SE STE C WINTER HAVEN, FL 33880	Mailing Address 112 AVE D, SE STE C WINTER HAVEN, FL 33880
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40051813



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3381342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHILDERS, PAMELA J 112 AVE D SE, STE C WINTER HAVEN, FL 33880
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**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAER, TODD 20723 BEAVER CRK RD BOONSBORO, MD 21713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACINTYRE, MALCOLM 317 EAGLE RIDGE DRIVE DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATIENZO, RAFAEL 307 EAGLE RIDGE DR DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Rafael Matienzo* **3 APRIL 07** **(407) 325-9277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #