## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000780

FILED Apr 24, 2006 Secretary of State

Entity Name: COUNTRY RIDGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3931 SW 47TH AVE SUITE 104 DAVIE, FL 33314

Current Mailing Address: New Mailing Address:

3931 SW 47TH AVE SUITE 104 DAVIE, FL 33314

FEI Number: 65-0745444 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLORP, KIM 3931 SW 47TH AVE SUITE 104 DAVIE, FL 33314 US

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:

Floring Company of Devictors of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D ( ) Delete Title: P,D (X) Change ( ) Addition SLORP, MARK Name: MENDEZ, KEVIN

 Name:
 SLORP, MARK
 Name:
 MENDEZ, KEVIN

 Address:
 3931 SW 47TH AVE., SUITE 104
 Address:
 2360 S.W. 106TH TERRACE

City-St-Zip: DAVIE, FL 33314 City-St-Zip: DAVIE, FL 33324 US

Title: D ( ) Delete Title: VP,D (X) Change ( ) Addition

Name: SLORP, KIM Name: DEEB, GEORGE

Address: 3931 SW 47TH AVE., SUITE 104 Address: 2330 S.W. 106TH TERRACE

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:
 DAVIE, FL 33324 US

Title: D ( ) Delete Title: S,D (X) Change ( ) Addition

 Name:
 CARTER, JUDITH
 Name:
 LOPEZ, CARLOS

 Address:
 4101 SW 47TH AVE., #105
 Address:
 2372 S.W. 112TH WAY

Address: 4101 SW 471H AVE., #105 Address: 2372 S.W. 1121H WAY

City-St-Zip: DAVIE, FL 33314 City-St-Zip: DAVIE, FL 33325 US

Title: ( ) Delete Title: T,D ( ) Change (X) Addition

 Name:
 Name:
 SLORP, KIMBERLY

 Address:
 Address:
 3931 S.W. 47TH AVENUE, #104

City-St-Zip: City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY SLORP T 04/24/2006