

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000780

FILED  
Apr 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3931 SW 47TH AVE  
SUITE 104  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

3931 SW 47TH AVE  
SUITE 104  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0745444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLORP, KIM  
3931 SW 47TH AVE  
SUITE 104  
DAVIE, FL 33314 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,D ( ) Delete  
Name: MENDEZ, KEVIN  
Address: 2360 S.W. 106TH TERRACE  
City-St-Zip: DAVIE, FL 33324 US

Title: VP,D ( ) Delete  
Name: DEEB, GEORGE  
Address: 2330 S.W. 106TH TERRACE  
City-St-Zip: DAVIE, FL 33324 US

Title: S,D ( ) Delete  
Name: LOPEZ, CARLOS  
Address: 2372 S.W. 112TH WAY  
City-St-Zip: DAVIE, FL 33325 US

Title: T,D ( ) Delete  
Name: SLORP, KIMBERLY  
Address: 3931 S.W. 47TH AVENUE, #104  
City-St-Zip: DAVIE, FL 33314 US

**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: KIM SLORP

T,D

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date