


FILED
Feb 20, 2007 8:00 am
Secretary of State

01-29-2007 90076 026 ****61.25

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

DOCUMENT # N97000003771		
1. Entity Name RIDGE VIEW ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 7481 BRIARBAY LOOP LAKELAND, FL 33810-5151		Mailing Address PO BOX 1128 KATHLEEN, FL 33849
DO NOT WRITE IN THIS SPACE		
		01092007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-3509301		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LUTY, THOMAS 7351 BRIARBAY LOOP LAKELAND, FL 33810 BRIAN NORMAN 7470 BRIARBAY LOOP LAKELAND, FL 33810-5151		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 <u>Brian Norman</u> DATE <u>1-22-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
DO NOT WRITE IN THIS SPACE		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIESE, RICHARD E 7481 BRIARBAY LOOP LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTY, THOMAS 7351 BRIARBAY LOOP LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, JASON 7494 BRIARBAY LOOP LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRIAN NORMAN 7470 BRIARBAY LOOP LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Brian Norman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-14-07</u> Daytime Phone # <u>863-815-7671</u>