


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90069 016 ****61.25

DOCUMENT # N97000005104		
1. Entity Name THE RIDGE ON NOB HILL HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2950 N 28 TERRACE HOLLYWOOD, FL 33020	Mailing Address 2950 N 28 TERRACE HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Century Management Services, Inc. Century Management Services, Inc.
1495 North Park Drive 1495 North Park Drive
Weston, Florida 33326 Weston, Florida 33326

1172008 Chg-NP CR2E037 (12/06)

FEI Number 65-0859868	Applied For <input type="checkbox"/> Not Applicable
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Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ESINGER, DENNIS 4000 HOLLYWOOD BLVD., 5265 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Mark Poffenbarger Street Address (P.O. Box Number is Not Acceptable) 1495 North Park Drive City Weston FL 33326	
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 mark Poffenbarger		DATE 4-17-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINSOHN, SUSAN 2761 W ABIACA CIR DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, BRENDA 2641 W ABIACA CIR DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTTLIEB, PAULELLA 2682 W ABIACA CIR DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POFFENBARGER, CURT 3331 OVERLOOK RD FORT LAUDERDALE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSMAN, ROBERTA 2842 W ABIACA CIR DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joaneen Stamegnia 9045 E Tree Tops Court Davie, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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: Brenda Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #