

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90067 022 ****61.25

DOCUMENT # N98000000358 1. Entity Name EDGEWOOD AT RIVER RIDGE COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY, FL 34668				Mailing Address 10730 US 19 SUITE 17 PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box # 40347 US 19 NORTH		3. Mailing Address P.O. BOX 695			
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.			
City & State TARPON SPRINGS		City & State TARPON SPRINGS, FL		4. FEI Number 59-3488125	
Zip 34689		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US 19 SUITE 19 PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name JET PROPERTY MGMT, INC. Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, SUITE 201 City TARPON SPRINGS FL Zip Code 34689			
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><i>Opone Karagiamis</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-28-07 <small>(NOTE: Registered Agent signature required when reinstating)</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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete VAUGHAN, ANDY 10730 UNITED STATES HIGHWAY 19 SUITE 17 PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7515 moorgate ct. NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete CAPAZ, NELSON 10730 UNITED STATES HIGHWAY 19 SUITE 17 NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7537 moorgate ct. NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD <input type="checkbox"/> Delete RUFTY, WILLIAM 10730 UNITED STATES HIGHWAY 19 SUITE 17 NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7412 moorgate CT NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete GRIPPI, ROSALIE 10730 UNITED STATES HIGHWAY 19 SUITE 17 NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7511 moorgate ct NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete CHAMBERS, DAN 10730 UNITED STATES HIGHWAY 19 SUITE 17 NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treas. W. EARL Knause 7415 moorgate CT. NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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. 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 an other like empowered.					
SIGNATURE: <u><i>Dan Chambers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					