## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N98000006232**



**FILED** Apr 29, 2005 8:00 am Secretary of State

SOUTH RIDGE OF TAMPA HOMEOWNERS ASSOCIATION, INC.						0	. 27 2000	, , , , , ,	0.15		
2880 SCHERER DR. N 288 #840 #84		#840	880 SCHERER DR. N			12/40k BIT (8/3) K	rin 8820 8831 <b>68</b>		<b>1</b>	RII	
2. Principal Place of Business 3.		3. Mailing Addres	3. Mailing Address						7		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			2005 Ch	g-NP	CR2E	037 (10/03)		
City & State		City & State				4. FEI Number 59-3557811				oplied For ot Applicable	
Zip Country Z		Zip	ip Country		5. Cer					8.75 Additional see Required	
	6. Name and Address of Current	Registered Agent			7. Nan	ne and Addr	ess of New F	Registered	1 Agent		
COLTERI				Name							
COLTERILL, RON 400 N TAMPA ST. #2625				Street Ada	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL	L 33602										
			City			FL Zip Code					
	named entity submits this statement for ions of registered agent.	or the purpose of char	nging its regist	ered office or r	registered agen	t, or both, in t	the State of FI	lorida. I an	n familiar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	ered Agent signstum	e required when reinst	tating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
	_				\$5.00	May Be					
10	Due by May 1, 2005	Trus	t Fund Contrib	oution. [	- Added t	to Fees	Flo	rida Dep	artment of S	tate	
10.	Due by May 1, 2005 OFFICERS AND DI	Trus RECTORS /	st Fund Contrib	oution. C	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	DIRECTORS IN	tate	
TITLE	OFFICERS AND DI	Trus	st Fund Contrib	oution. C	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	artment of S	tate	
TITLE NAME	Due by May 1, 2005  OFFICERS AND DI P MAZUCHOWSKI, JOHN	Trus RECTORS /	st Fund Contrib	oution. E  1.  TLE  MME	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	DIRECTORS IN	tate	
TITLE	Due by May 1, 2005  OFFICERS AND DI P MAZUCHOWSKI, JOHN 1120 SUMMER BREEZE DR.	Trus RECTORS /	st Fund Contrib	oution. C	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZUCHOWSKI, JOHN 1120 SUMMER BREEZE DR. BRANDON, FL 33511	Trus RECTORS  Del	st Fund Contrib	Oution. [	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	artment of S DIRECTORS IN Change	tate 1 10 Addition	
TITLE NAME STREET ADDRESS	P MAZUCHOWSKI, JOHN 1120 SUMMER BREEZE DR. BRANDON, FL 33511	Trus RECTORS /	st Fund Contrib	Dutton. C  1.  ITLE  IMME  ITREET ADDRESS  BITY-ST-ZIP  ITLE	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MAZUCHOWSKI, JOHN 1120 SUMMER BREEZE DR. BRANDON, FL 33511	Trus RECTORS  Del	st Fund Contrib	Oution. [	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	artment of S DIRECTORS IN Change	tate 1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MAZUCHOWSKI, JOHN 1120 SUMMER BREEZE DR. BRANDON, FL 33511 D RUIZ, KIM	Trus RECTORS  Del	st Fund Contrib	DUITION. C  1.  TILE  MAME  METREET ADDRESS  SITY-ST-ZIP  TILE  MAME	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	artment of S DIRECTORS IN Change	tate 1 10 Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DI  P MAZUCHOWSKI, JOHN 1120 SUMMER BREEZE DR. BRANDON, FL 33511  D RUIZ, KIM 1103 SUMMER BREEZE DR.	Trus RECTORS  Del	st Fund Contrib	1. ITLE AAME ITREET ADDRESS SITY-ST-ZIP ITLE AAME ITREET ADDRESS	Added t	NS/CHANGE	Flo S TO OFFICE	erida Depa ERS AND (	DIRECTORS IN Change	Addition	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 employered 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 audies, with all other like empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

John Mazuchowski

4/28/05

727-299-9555