

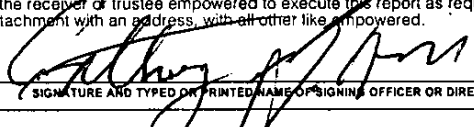


FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 036 ****61.25

2006-NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT

DOCUMENT # N98000006232					
1. Entity Name SOUTH RIDGE OF TAMPA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2880 SCHERER DR. N #840 SAINT PETERSBURG, FL 33716			Mailing Address 2880 SCHERER DR. N #840 SAINT PETERSBURG, FL 33716		
2. Principal Place of Business 1463 Oakfield Dr. Suite, Apt. #, etc. Suite 141 City & State Brandon FL Zip 33511 Country US		3. Mailing Address McNeil Mgmt Svcs Inc Suite, Apt. #, etc. PO Box 6235 City & State Brandon FL Zip 33508-6004 Country US			
01192006 Chg-NP CR2E037 (11/05)				4. FEI Number 59-3557811	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLTERILL, RON 400 N TAMPA ST. #2625 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <u>Robert Tankel P.A.</u> Street Address (P.O. Box Number is Not Acceptable) 1022 Main Street Suite D City <u>Dunedin</u> FL Zip Code <u>34698</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 PETERSON, ROBERT 944 RIDGE HAVEN DR BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilblair, Jane 925 Summer Breeze Dr. Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, KIM 1103 SUMMER BREEZE DR. BRANDON, FL 33511	<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	VPD HILL, ANTHONY 936 SUMMER BREEZE DR. BRANDON, FL 33511	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 all other like empowered.					
SIGNATURE: 			02/07/06 813 2406822		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		