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

## **Secretary of State** 02-05-2007 90098 024 \*\*\*\*61.25 DOCUMENT # N98000006232 SOUTH RIDGE OF TAMPA HOMEOWNERS ASSOCIATION, INC. OUDITION Principal Place of Business Mailing Address MCNEIL MGMT SVCS INC. 1463 OAKFIELD DR **STE 141** POB 6235 BRANDON, FL 33511 BRANDON, FL 33508-6004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1463 Oakfield Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3557811 City & State City & State Applied For Brandon Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANKEL, ROBERT P.A. Street Address (P.O. Box Number is Not Acceptable) 1022 MAIN ST STE D DUNEDIN, FL 34698 City Zip Code 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 . Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE n Delete THUE Change Addition Gilblair, Jane GILBLAIR, JANE NAME NAME 925 Summer Breeze Dr. STREET ADDRESS 925 SUMMER BREEZE DR STREET ADDRESS BRANDON, FL 33511 CITY+ST-ZIP CITY-ST-ZIP Brandon FL 33511 Delete Change ☐ Addition TITLE TITLE Ruiz, Kim 1103 Summer Breeze Dr. RUIZ KIM NAME NAME STREET ADDRESS 1103 SUMMER BREEZE DR. STREET ADORESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP Brandon FL 33511 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL, ANTHONY NAME NAME STREET ADDRESS 936 SUMMER BREEZE DR. STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

THTLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

813-571-020

☐ Addition

Daytime Phone #

Change

**FILED** Feb 05, 2007 8:00 am