

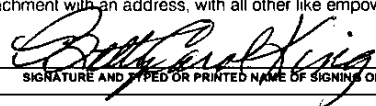


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90002 018 \*\*\*\*61.25

<b>DOCUMENT # N98000007112</b>			
1. Entity Name RIDGE ACRES ADDITIONS PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 208 W. ALAMO DR. LAKELAND, FL 33813		Mailing Address 208 W. ALAMO DR. LAKELAND, FL 33813	
2. Principal Place of Business - No P.O. Box # 5018 Greenbrook Ln Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5284 Suite, Apt. #, etc.	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33811	Country US	Zip 33811	Country US
6. Name and Address of Current Registered Agent HARPER, ROBERT F III 208 W. ALAMO DR. LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name: Kay Elliott Street Address (P.O. Box Number is Not Acceptable): 5018 Greenbrook Ln City: Lakeland FL Zip Code: 33811	
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.		Kay Elliott (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSARTH, MARCUS 428 EARNANDEZ ST WINTER HAVEN, FL 33880 <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 ROSARIO, ANTHONY 420 FARNANDEZ ST WINTER HAVEN, FL 33880 <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 VELAZQUEZ, EUGENIO 424 FERNANDEZ ST WINTER HAVEN, FL 33880 <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	SD MATA, LINDA 221 GRETNAL LN WINTER HAVEN, FL 33880 <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	TD KING, CAROL 354 GRETNAL LN WINTER HAVEN, FL 33880 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone #: _____	

40046159



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3550540 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Make check payable to Florida Department of State