


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000904 1. Entity Name SPRING RIDGE CIVIC ASSOCIATION, INC.	
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Principal Place of Business 5870 NE 56 ST HIGH SPRINGS, FL 32643	Mailing Address 5870 NE 56 ST HIGH SPRINGS, FL 32643
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3562572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DECKER, WILLIAM 4030 NE CR 340 HIGH SPRINGS, FL 32643	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BROOKS, FRANCES L 5870 NE 56 ST HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FINK, JOE 5280 NE 53 TERR HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ORTIZ, MIGUEL JR 5760 NE 51ST TERRACE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ALEXANDER, DON 5520 NE 51 ST HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHALTENBRAND, LEE 5589 NE 56 ST HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CONEY, MARK 5730 NE 52ND PLACE HIGH SPRINGS, FL 32643

DO NOT WRITE
IN THIS SPACE

12. I hereby 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 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: <i>Frances L. Brooks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/5/05	Daytime Phone #: 386-454-7116
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