

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90041 024 \*\*\*\*61.25

<b>DOCUMENT # N99000001930</b>					
<b>1. Entity Name</b> SKY RIDGE COMMERCE CENTRE OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525			<b>Mailing Address</b> 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525		
<b>2. Principal Place of Business - No P.O. Box #</b> 37828 SKYRIDGE CR.		<b>3. Mailing Address</b> 37828 SKYRIDGE CR.		01092007    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-3710293	
<b>City &amp; State</b> DADE CITY, FL		<b>City &amp; State</b> DADE CITY, FL		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33525		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RINALDO, JAMES E 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) 37828 SKYRIDGE CR. City FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> RINALDO, JAMES E		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 37824 SKYRIDGE CIRCLE	DADE CITY, FL 33525			<b>STREET ADDRESS</b> 37828 SKYRIDGE CR.	
<b>CITY-ST-ZIP</b> DADE CITY, FL 33525				<b>CITY-ST-ZIP</b> 37828 SKYRIDGE CR.	
<b>TITLE</b> VSTD	<b>NAME</b> RINALDO, MAUREEN C		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 37824 SKYRIDGE CIRCLE	DADE CITY, FL 33525			<b>STREET ADDRESS</b> 37828 SKYRIDGE CR.	
<b>CITY-ST-ZIP</b> DADE CITY, FL 33525				<b>CITY-ST-ZIP</b> 37828 SKYRIDGE CR.	
<b>TITLE</b> D	<b>NAME</b> THOMAS, STEVE		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 37824 SKYRIDGE CIRCLE	DADE CITY, FL 33525			<b>STREET ADDRESS</b> 37828 SKYRIDGE CR.	
<b>CITY-ST-ZIP</b> DADE CITY, FL 33525				<b>CITY-ST-ZIP</b> 37828 SKYRIDGE CR.	
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> _____			3-13-07    813-788-2715		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		