


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 034 ****61.25

DOCUMENT # N99000001930 1. Entity Name SKY RIDGE COMMERCE CENTRE OWNERS ASSOCIATION, INC.					
Principal Place of Business 37828 SKYRIDGE CR DADE CITY, FL 33525				Mailing Address 37828 SKYRIDGE CR DADE CITY, FL 33525	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3710293	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RINALDO, JAMES E 37828 SKYRIDGE CR DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME RINALDO, JAMES E		<input type="checkbox"/> Delete		
STREET ADDRESS 37828 SKYRIDGE CR	CITY-ST-ZIP DADE CITY, FL 33525		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VSTD	NAME RINALDO, MAUREEN C		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 37828 SKYRIDGE CR	CITY-ST-ZIP DADE CITY, FL 33525		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME THOMAS, STEVE		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 37828 SKYRIDGE CR	CITY-ST-ZIP DADE CITY, FL 33525		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
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: _____			Date 4-21-08 Daytime Phone # 813-788-2715		

PAID