

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002265

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** THE RIDGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11917 WINDSORWOOD BLVD  
DADE CITY, FL 33525

**New Principal Place of Business:**

37506 HIGHRIDGE DR.  
DADE CITY, FL 33525

**Current Mailing Address:**

P. O. BOX 55  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** 26-0110251      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SALZMAN, ROBERT  
37506 HIGHRIDGE DRIVE  
DADE CITY, FL 33525      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MOORE, ALAN E  
Address: 12020 WINDSERWOOD BLVD  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: REYNOLDS, WILLIAM  
Address: 37507 HIGHRIDGE DR  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: HUET, JOHN  
Address: 7980 9TH AVENUE SOUTH  
City-St-Zip: ST. PETE, FL 33707

Title: P  
Name: SALZMAN, ROBERT  
Address: 37506 HIGHRIDGE DR  
City-St-Zip: DADE CITY, FL 33525

Title: ST  
Name: NELSON, CHERI  
Address: 37405 HIGHRIDGE DR.  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. SALZMAN

P

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date