2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004428

FILED May 06, 2009 Secretary of State

Entity Name: RIDGEVIEW CROSSING HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US FEI Number: 65-0970619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTEGRITY PROPERTY MGMNT, INC 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BERKOWICZ, ROBERT Name: Name: Address: 9563 NW 52ND COURT Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SALANGA, CAROLINE Name: SALANGA, CAROLINE Address: 5270 NW 95TH AVENUE Address: 5270 NW 95TH AVENUE City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: CORAL SPRINGS, FL 33076 Title: () Delete Title: (X) Change () Addition RONKIN, TAMARA Name: RONKIN, TAMARA Name: 9543 NW 52ND PL 9543 NW 52ND PL Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLINE SALANGA PD 05/06/2009