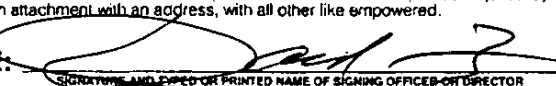


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/

FILED
Sep 03, 2008 8:00 am
Secretary of State

08-14-2008 90001 046 ***150.00

DOCUMENT # P99000030962 1. Entity Name PARK RIDGE VILLAS, INC.																											
Principal Place of Business 4409 HIDDEN SHADOW DR. TAMPA FL 33614		Mailing Address 4409 HIDDEN SHADOW DR. TAMPA FL 33614																									
2. Principal Place of Business - No P.O. Box # 3613 W Hillsborough Ave		3. Mailing Address SAME																									
Suite, Apt., etc. FI		Suite, Apt., etc. FI																									
City & State TAMPA FI		City & State TAMPA FI																									
Zip 33614		Country USA																									
4. FEI Number 59-3567782		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		2nd MOORE CR2E034 (4/08)																									
6. Name and Address of Current Registered Agent COLON, DAVID 4409 HIDDEN SHADOW DR. TAMPA FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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:  DATE: 9/9/08 (Signature, typed or printed name of registered agent and file is acceptable. (NOTE: Registered Agent signature required when reappointing))																											
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒																									
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS																									
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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 607, 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: 		813-454-9833																									