


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # N01000002870
 1. Entity Name
RABBIT RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 7900 103RD ST, SUITE 20-117 JACKSONVILLE, FL 32210 US	Mailing Address 7900 103RD ST, SUITE 20-117 JACKSONVILLE, FL 32210 US
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DO NOT WRITE IN THIS SPACE



07312007 No Chg-NP CR2E037 (4/06)


4. FEI Number 59-3719248	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARBIN, RUBY S
 7900 103RD ST.
 STE. 20-117
 JACKSONVILLE, FL 32210

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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: 8.1.07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBIN, JAMES A 7900 103RD ST, STE. 20-117 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LESTER W II 7900 103RD ST, STE. 20-117 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, JAMES M 7900 103RD ST, STE. 20-117 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBIN, JAMES A 7900 103RD ST, STE. 20-117 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, LESTER W II 7900 103RD ST, STE. 20-117 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARBIN, RUBY S 7900 103RD ST, STE. 20-117 JACKSONVILLE, FL 32210

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 08/08/07-80002-007 70.00

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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 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: 8.1.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR