

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004575

1. Entity Name
NHDC RIDGEVIEW APARTMENTS, INC.



FILED

04 JUL 19 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10681 FOOTHILL BLVD., STE. 220 RANCHO CUCAMONGA, CA 91730	Mailing Address 10681 FOOTHILL BLVD. SUITE 220 RANCHO CUCAMONGA, CA 91730
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2. Principal Place of Business <i>Same as above</i>	3. Mailing Address <i>Same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07092004 Chg-NP CR2E037 (10/03)

City & State	4. FEI Number 59-3728336	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	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: 7-15-04

(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	Executive Director / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURUM, JEFFREY			NAME	Burum, Jeffrey S.		
STREET ADDRESS	10681 FOOTHILL BLVD., #220			STREET ADDRESS	10681 Foothill Blvd., Ste. 220		
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730			CITY-ST-ZIP	Rancho Cucamonga, CA 91730		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Treasurer / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORZATT, JAMES			NAME	Corzatt, James M.		
STREET ADDRESS	10681 FOOTHILL BLVD., #220			STREET ADDRESS	10681 Foothill Blvd., Ste. 220		
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730			CITY-ST-ZIP	Rancho Cucamonga, CA 91730		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, MARY ANN			NAME	Hilbert, Christopher M.		
STREET ADDRESS	10681 FOOTHILL BLVD., #220			STREET ADDRESS	10681 Foothill Blvd., Ste 220		
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730			CITY-ST-ZIP	Rancho Cucamonga, CA 91730		
TITLE	EXD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURUM, JEFFREY			NAME			
STREET ADDRESS	10681 FOOTHILL BLVD., #220			STREET ADDRESS			
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NWANODI, ANGIE O			NAME			
STREET ADDRESS	10681 FOOTHILL BLVD., #220			STREET ADDRESS			
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JAMES M. CORZATT** 12/13/04 (909) 291-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

TREASURER/DIRECTOR

TJ