


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90034 001 \*\*\*910.00

<b>DOCUMENT # N01000004575</b>	
1. Entity Name NHDC RIDGEVIEW APARTMENTS, INC.	

Principal Place of Business 10681 FOOTHILL BLVD., STE. 220 RANCHO CUCAMONGA, CA 91730	Mailing Address 10681 FOOTHILL BLVD., STE. 220 RANCHO CUCAMONGA, CA 91730
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**66024845**



07012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3728336</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$61.25  
Due by September 7, 2005**

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	EDD BURUM, JEFFREY S 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORZATT, JAMES M 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HILBERT, CHRISTOPHER M 10681 FOOTHILL BLVD STE 220 RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXD BURUM, JEFFREY 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 or without other like empowered.

**SIGNATURE:**  **7/1/05 (909) 291-440**

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