

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


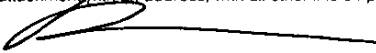
**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90111 007 \*\*\*\*70.00

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01192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000004575			
1. Entity Name NHDC RIDGEVIEW APARTMENTS, INC.			
Principal Place of Business 1707 ARROWHEAD ROAD NORTH LITTLE ROCK, AR 72118		Mailing Address 9065 HAVEN AVE SUITE 100 ATTN: TERI TOBIN RANCHO CUCAMONGA, CA 91730	
2. Principal Place of Business - No P.O. Box # 4700 Augusta Circle		3. Mailing Address	
Suite, Apt. #, etc. Unit B		Suite, Apt. #, etc.	
City & State North Little Rock, AR		City & State	
Zip 72118		Country USA	
4. FEI Number 59-3728336		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD BURUM, JEFFREY S 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Rick Whittingham <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9065 HAVEN AVE., SUITE 100 RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORZATT, JAMES M 10681 FOOTHILL BLVD., #220 RANCHO CUCAMONGA, CA 91730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBECCA CLARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9065 HAVEN AVE., SUITE 100 RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILBERT, CHRISTOPHER M 10681 FOOTHILL BLVD STE 220 RANCHO CUCAMONGA, CA 91730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORETTA BRYAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9065 HAVEN AVE., SUITE 100 RANCHO CUCAMONGA, CA 91730
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Richard J. Whittingham, CPA Chief Financial Officer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/18/07 Daytime Phone #: (909) 483-2444	