FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:36

DOCUMENT # **200836** **(5)**

1. Corporation Name
THE RIDGE, INC.

Principal Place of Business	Mailing Address
THE RIDGE CO-OP APTS 3401 S OCEAN BLVD HIGHLAND BEACH FL 33487-2584	THE RIDGE CO-OP APTS 3401 S OCEAN BLVD HIGHLAND BEACH FL 33487-2584

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/18/1957**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1206804** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARDY, HAROLD
3404 S. OCEAN BLVD. APT 2
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLOPO, CHARLES	1.2 NAME	
STREET ADDRESS	25 ANDORRA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANK, ELEANOR	2.2 NAME	
STREET ADDRESS	3401 S OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EYPEL, ARTHUR G	3.2 NAME	
STREET ADDRESS	3401-S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	CANTIN, EDMOND	4.2 NAME	
STREET ADDRESS	90 BERLIOZ NUN ISLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, CANADA 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, HAROLD	5.2 NAME	
STREET ADDRESS	3401 S. OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH. FL.	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, PAUL F	6.2 NAME	
STREET ADDRESS	3401-S OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual 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 12 or Block 13 if changed or on an attached sheet with an address.

SIGNATURE: Arthur G. Eypel Director & Vice President, Treas. 3/13/95 - 407-272-6825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR G. EYPEL - PRES. 3/01/95 407-947-2717

007A07 CP