

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 200836 (5)

1. Corporation Name  
THE RIDGE, INC.

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

Mailing Address  
THE RIDGE CO-OP APTS  
3401 S OCEAN BLVD  
HIGHLAND BEACH FL 33487-2518



3. Date Incorporated or Qualified 04/18/1957  
3a. Date of Last Report 02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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 CHARLES P. GALLOPO  
82 Street Address (P.O. Box Number is Not Acceptable)  
3401 S OCEAN BLVD APT 3  
83  
84 City HIGHLAND BEACH FL 85 Zip Code 33487

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

*Charles P. Gallopo*

Signature, typed name, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

1-30-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLOPO, CHARLES	
STREET ADDRESS	25 ANDORRA ST.	
CITY - ST - ZIP	LAGUNA NIGUEL CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRANK, ELEANOR	
STREET ADDRESS	3401 S OCEAN BLVD	
CITY - ST - ZIP	HIGHLAND BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EYPEL, ARTHUR G	
STREET ADDRESS	3401-S OCEAN BLVD	
CITY - ST - ZIP	HIGHLAND BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANTIN, EDMOND	
STREET ADDRESS	90 BERLIOZ NUN ISLAND	
CITY - ST - ZIP	MONTREAL, CANADA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDY, HAROLD	
STREET ADDRESS	3401 S. OCEAN BLVD.	
CITY - ST - ZIP	HIGHLAND BCH. FL.	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, PAUL F	
STREET ADDRESS	3401-S OCEAN BLVD	
CITY - ST - ZIP	HIGHLAND BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GALLOPO, CHARLES P.	
1.3 STREET ADDRESS	3401 S OCEAN BLVD	
1.4 CITY - ST - ZIP	HIGHLAND BEACH FL 33487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	N/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LIPPMAN, RICHARD	
6.3 STREET ADDRESS	3401 S OCEAN BLVD.	
6.4 CITY - ST - ZIP	HIGHLAND BEACH FL 33487	

14. I do 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 annual 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 attachment with an address.

SIGNATURE:

*Charles P. Gallopo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

Date

561-278-4801  
714-579-8823

Daytime Phone

CR2E034 (9/96)