

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 8/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Sep 25 1997 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734854 (3)**  
 1. Corporation Name  
**GOLF RIDGE VILLAS CONDOMINIUM UNIT C, INC.**



Principal Place of Business <b>20380 NW 7TH AVE. APT 103 MIAMI FL 33169-2426</b>	Mailing Address <b>20380 NW 7TH AVE. APT 103 MIAMI FL 33169-2426</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/27/1976</b>	3a. Date of Last Report <b>06/20/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1699696</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

**9. Name and Address of Current Registered Agent**

**THORN, PETER**  
**20380 NW 7TH AVE**  
**APT 106**  
**MIAMI FL 33169**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHEVALIER, RAYMOND</b>
STREET ADDRESS	<b>20380 NE 7TH AVE. #205</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>LOPEZ, LIDIA</b>
STREET ADDRESS	<b>20380 NW 7TH AVE 105</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>THORN, PETER</b>
STREET ADDRESS	<b>20380 NW 7TH AVE. #106</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMARD, PAUL</b>
STREET ADDRESS	<b>20380 NW 7TH AVE., #202</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BATES, RHONDA</b>
STREET ADDRESS	<b>20380 NW 7TH AVE. #207</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>COLLINS, P.</b>
STREET ADDRESS	<b>20380 NW 7TH AVE., #107</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 <input 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ @ 1-97 (305) 652-9004

CR2E037 (4/97)