2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State

ANNUAL REPURI					· · Sec	refarv	of State
DOCUMENT # 734854 1. Entity Name GOLF RIDGE VILLAS CONDOMINIUM UNIT C, INC.					560	.i ctai y	oi state
20380 NW 7 #204	Principal Place of Business Mailing Address 20380 NW 7TH AVENUE 20380 NW 7TH AVENUE #204 #204 MIAMI, FL 33169 MIAMI, FL 33169						
D	O NOT WRITE	CE	04072004 No Chg-NP CR2E037 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current F	legistered Agent			4		
FOLEY, MAE F 20380 NW 7TH AVENUE #204 MIAMI, FL 33169				IN .	NOT W THIS SP	ACE	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be led to Fees	U0000 04/12/ <u>04</u>	0109377 -80040-00	12 61 <u>,25</u>
10.	OFFICERS AND						
TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP	P FULLERTON, ERVIN 20380 NW 7TH AVENUE MIAMI, FL 33169 VP WILCOX, TUMIA 20380 NW 7TH AVENUE MIAMI, FL 33169		-				
RITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOLEY, MAE F 20380 NW 7TH AVENUE MIAMI, FL 33169				NOT W		
TITLE			1				

12. I hereby certify that the information supplied with this filling 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 cath; 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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ML France They at the And Types on Phinted Name of Signing Officer on Director

4/7/3004 305-218-6768