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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 741419 (6)

1. Corporation Name

RIDGEWAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8347 SE SWAN AVE HOBE SOUND FL 33455	8347 SE SWAN AVE. HOBE SOUND FL 33455

3. Date Incorporated or Qualified: 01/23/1978

4. FEI Number: 59-2248093 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KJERULF, CARL R
8092 SE SKYLARK AVE
HOBE SOUND FL 33455

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHATTERTON, HERB		1.2 NAME		
STREET ADDRESS	7J210 SE EAGLE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HUGHES, BUD		2.2 NAME	JACK LEWIS	
STREET ADDRESS	7244 SE REDBIRD CIRCLE		2.3 STREET ADDRESS	8088 S.E. SWAN AVE	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CONWAY, JAMES J		3.2 NAME	DAN CALABRA	
STREET ADDRESS	7539 S.E. EAGLE AVE		3.3 STREET ADDRESS	7728 S.E. SWAN AVE	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEA, JIM		4.2 NAME		
STREET ADDRESS	8192 SE SKYLARK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KJERULF, CARL R		5.2 NAME		
STREET ADDRESS	8092 SE SKYLARK AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, VERA		6.2 NAME		
STREET ADDRESS	8139 SE EAGLE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Carl R Kjerulf CARL R. KJERULF 3/12/98 (561)546-5916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #