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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741419

1. Corporation Name
RIDGEWAY PROPERTY OWNERS ASSOCIATION, INC.

200068 - 90033 - 4

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/23/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2248093 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☐ Change ☒ Addition
NAME	CHATTERTON, HERB		1.2 NAME	JOE SAPUPPO	
STREET ADDRESS	7J210 SE EAGLE AVE		1.3 STREET ADDRESS	7610 SE EAGLE AVE	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LEWIS, JACK		2.2 NAME	TONY OPPERMAN	
STREET ADDRESS	8088 SE SWAN AVE		2.3 STREET ADDRESS	8287 SE SWAN AVE.	
CITY-ST-ZIP	HOBE SOUND FL 33455		2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CALABRA, DAN		3.2 NAME		
STREET ADDRESS	7728 SE SWAN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		3.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Carl R. Kjerulf T 3/2/99 (561)546-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #