2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 741419** 1. Entity Name RIDGEWAY PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 8347 SE SWAN AVE 8347 SE SWAN AVE. HOBE SOUND FL 33455 HOBE SOUND FL 33455-4549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2248093 Zìp Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KJERULF, CARL R 8092 SE SKYLARK AVE HOBE SOUND FL 33455 City 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. 9. Election Campaign Financing \$5,00 May Be FILÊ NOW: \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ☐ Delete TITLE D SAPUPPO, JOE NAME STREET ADDRESS ALMOREGE 7610 SE EAGLE AVE ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP

FILED Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90138 017 ****61.25

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Zip Code Signature, typed or printed name of registered agent and title if applicable 1 (NOTE: Registered Agent algorithm remarkating). The second of printed name of registered agent and title if applicable 1 (NOTE: Registered Agent algorithm remarkating). The second of printed name of registered agent and title if applicable 1 (NOTE: Registered Agent algorithm remarkating). The second of printed name of registered agent and title if applicable 1 (NOTE: Registered Agent algorithm remarkating). The second of printed name of registered agent and title if applicable 1 (NOTE: Registered Agent algorithm remarkating). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **Change** ☐ Addition **CR2E037** ☐ Delete TITLE ☐ Addition OPPERMAN, TONY NAME 8287 SE SWAN AVE STREET ADDRESS ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33453 VP D **Change** ☐ Delete ☐ Addition CALABRA, DAN NAME 7728 SE SWAN AVE STREET ADDRESS ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP VP TITLE ☐ Change **I** Addition Delete SAL CANOVA SHEA, JIM NAME 7370 S.E. EXELL AUENUL 8192 SE SKYLARK AVE STREET ADDRESS ST-ZIP CITY-ST-ZIP HOBE SOUND FL Delete TITLE ☐ Change ☐ Addition KJERULF, CARL R NAME ADDRESS 8092 SE SKYLARK AVE STREET ADDRESS ST-ZIP HOBE SOUND FL CITY-ST-ZIP Delete Change TITLE Addition CLARK BUNDY BRADLEY, VERA NAME 7587 S.E. SWAN AUCHA STREET ADDRESS 8139 SE EAGLE AVE ST-7IP CITY-ST-7IP HOBE SOUND FL HOBE SOUND, FL

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR