## 2001 UNIFORM BUSINESS REPORT (\*JBR)

DOCUMENT # 741419  1. Entity Name  RIDGEWAY PROPERTY OWNERS ASSOCIATION, INC.					Apr 10, 2001 8:00 am Secretary of State 03-27-2001 90052 018 ****61.25			
Principal Place of Business 8347 SE SWAN AVE. HOBE SOUND FL 33455		Mailing Address 8347 SE SWAN AVE. HOBE SOUND FL 33455						
				\$ 1 <b>6 9</b> 11 1 1	1900 ALB DE 2180 E ALB DE 1818 (P.O. R.1918 )	(40)) A (A) (40)	1 B) 60 (2 B)	
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 Numbe	Applied For S9-2248093 Not Applied For			
Zip Country		Zip Country		5. Certificate	Certificate of Status Desired			
6. Name and Address of Current Registered Agent			None	7. Name and Address of New Registered Agent				
KJERULF, CARL R 8092 SE SKYLARK AVE HOBE SOUND FL 33455			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent a FILE NOW:	nd title if applicable. (NOTE: 8	egislored Agent signatur	s required when reinstaking) \$5.00 May Be	DATE Make Check			
	FEE IS \$61.25	Trust Fund Contributi		Added to Fees	Departmen ANGES TO OFFICERS AND D		10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR SAPUPPO, JOE 7610 SE EAGLE AVE HOBE SOUND FL 33455	Dekte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLEN EUA	NS TAKE AVE	Change	CR2E037 (10/00)	
NAME STREET ADDRESS CITY-ST-ZIP	P OPPERMAN, TONY 8287 SE SWAN AVE HOBE SOUND FL 33453	Dekele	THILE NAME STREET ADDRESS CITY-ST-ZIP	7210 55	NO FL 33455 ATTENTON ENOLE AUE.		Addition &	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALABRA, DAN 7728 SE SWAN AVE HOBE SOUND FL 33455	□ Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CANOVA, SAL 7370 SE EAGLE AVE HOBE SOUND FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KJERULF, CARL R 8092 SE SKYLARK AVE HOBE SOUND FL	STREET ADDRESS,			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOBE SOUND FL	on the second	NAME STREET ADDRESS CITY-ST-ZIP	Part Bare	See Mark 1	Change	Addition	
indicated of the co changed	certify that the information supplied with d on this report or supplemental report is provation or the receiver or trustee emp d, or on an attachment with an address,	s true and accurate and that my owered to execute this report a	r signature shall h s required by Cha	eve the same legal effer pter 617, Florida Statuti	ct as if made under oath; that es; and that my name appears	I am an officer of sin Block 10 or	or director 1	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAMEOF SKINING OFFICER OF DIRECTOR Date Date Date Date Date Date Date Date								