

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90073 007 ****61.25

DOCUMENT # 741419

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2248093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Carl R Kjerulf

CARL R. KJERULF, Treasurer

2/5/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, HELEN 7720 S E EAGLE AVE HOBE SOUND FL 33455	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATTERTON, HERB 7210 S E EAGLE AVE HOBE SOUND FL 33453	☐ Delete
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	VP CANOVA, SAL 7370 SE EAGLE AVE HOBE SOUND FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KJERULF, CARL R 8092 SE SKYLARK AVE HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNDY, CLARK 7587 SE SWAN AVE HOBE SOUND FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

D
BETTINELLI, JOE
8139 S.E. EAGLE AVE.
HOBE SOUND, FL 33455

12. 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 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:

CARL R. KJERULF

2/5/2002

(561) 546-5916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)