2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90098 049 ****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

☐ CHECK HERE IF MAKING CHANGES

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: AUTRY SHEILA A. Street Address (P.O. Box Number is Not Acceptable): 7848 S.E. SWAN AVE City: HOBE SOUND FL Zip Code: 33455

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SHEILA AUTRY, TREASURER 1-13-03
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 Florida 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		☐ Change ☐ Addition
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		☐ Change ☐ 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	D BETTINELLI, JOE 8139 SE EAGLE AVE HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN MAAKESTAD 6969 SE RIDGEWAY HOBE SOUND FL 33455	☐ Change ☒ Addition
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	T AUTRY, SHEILA A. 7848 S.E. SWAN AVE HOBE SOUND FL 33455	☐ Change ☒ Addition
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

CR2E037 (10/02)

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: SIGNATURE REQUIRED SHEILA AUTRY 772-546-8910