

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90005 025 \*\*\*\*61.25

0085754

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 751466

1. Corporation Name

THE RIVER RIDGE HOME OWNERS ASSOCIATION OF MARTI N COUNTY, INC.

Principal Place of Business

C/O BRISTOL MANAGEMENT SERVICES, INC.  
 103 S. US #1 SUITE F5-135  
 JUPITER FL 33477  
 US

Mailing Address

%BRISTOL MANAGEMENT SERVICES, INC.  
 103 S. US #1 SUITE F5-135  
 JUPITER FL 33477  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/10/1980

4. FEI Number  
 65-0012585

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

INGLIS, STEVE  
 103 S US HWY 1, #FS-135  
 JUPITER FL 33477

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITNEY, DOUG	
STREET ADDRESS	18319 SE RIDGEVIEW CT	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOGEL, JEAN	
STREET ADDRESS	18430 SE LAKESIDE DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, LAWRENCE C	
STREET ADDRESS	18760 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANAIA, JUDITH	
STREET ADDRESS	18409 SE LAKESIDE DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITTE, CAROL	
STREET ADDRESS	18217 SE RIDGEVIEW DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRANGARD, KATHLEEN	
STREET ADDRESS	18700 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL 33469	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOE GOZZO	
1.3 STREET ADDRESS	18767 RIVER RIDGE RD	
1.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAUNA Etchells	
2.3 STREET ADDRESS	18470 LA KESSIDE DR	
2.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOUG FAUCHER	
3.3 STREET ADDRESS	18209 RIDGEVIEW DR.	
3.4 CITY-ST-ZIP	TEQUESTA, FL. 33469	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X

SIGNATURE REQUIRED *TEQUESTA 3-25-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)