

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:34

DOCUMENT # **754226** (9)

1. Corporation Name  
**RIDGE GROVES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**13250 RIDGE RD. #106 LARGO FL 34648**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1980** 3a. Date of Last Report **04/01/1994**  
4. FEI Number **59-2090790** 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  
7. Nonprofit with IRC 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SHANNON, JACK  
13250 RIDGE ROAD 683  
LARGO FL 34648**

10. Name and Address of New Registered Agent  
81 Name **CHIKODROFF, JAMES**  
82 Street Address (P.O. Box Number is Not Acceptable) **13250 Ridge Road 7-1**  
83  
84 City **Largo** FL 85 Zip Code **34648**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *James Chikodroff* (NOTE: Registered Agent signature required when necessary) **1-20-95** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SHANNON, JACK</b>
STREET ADDRESS	<b>13250 RIDGE ROAD 683</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>JOHNSON, WARREN</b>
STREET ADDRESS	<b>13250 RIDGE RD., APT. 9-6</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>P</b>
NAME	<b>CONNOR, JOHN</b>
STREET ADDRESS	<b>13250 RIDGE RD., APT. 6B5</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>COX, CATHERINE</b>
STREET ADDRESS	<b>13250 RIDGE RD 7-3</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>WHITE, MARY L</b>
STREET ADDRESS	<b>13250 RIDGE RD 5A1</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Chikodroff, James</b>
13 STREET ADDRESS	<b>13250 Ridge Road 7-1</b>
14 CITY - ST - ZIP	<b>Largo FL 34648</b>
21 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Brinkerhoff, Gale J.</b>
23 STREET ADDRESS	<b>13250 Ridge Road 4A6</b>
24 CITY - ST - ZIP	<b>Largo, FL 34648</b>
31 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Connor, John</b>
33 STREET ADDRESS	<b>13250 Ridge Road 6B5</b>
34 CITY - ST - ZIP	<b>Largo, FL. 34648</b>
41 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>White, Mary Lou</b>
43 STREET ADDRESS	<b>13250 Ridge Rd. 5A1</b>
44 CITY - ST - ZIP	<b>Largo, FL 34648</b>
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Cuervo, Orie</b>
53 STREET ADDRESS	<b>13250 Ridge Rd. 5A2</b>
54 CITY - ST - ZIP	<b>Largo, FL 34648</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *James Chikodroff* **1-20-95** **813-581-3798**  
SIGNATURE AND SEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)