

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **754226** (9)  
1. Corporation Name  
**RIDGE GROVES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**13250 RIDGE RD. #10-6 LARGO FL 34648**

3. Date Incorporated or Qualified **09/18/1980** 3a. Date of Last Report **02/23/1995**  
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**  
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  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CHIKODROFF, JAMES**  
**13250 RIDGE ROAD 7-1**  
**LARGO FL 34648**

10. Name and Address of New Registered Agent  
81 Name **ORIE CUERVO**  
82 Street Address (P.O. Box Number is Not Acceptable) **13250 Ridge Road 5-A-2**  
83 **Largo, Florida 34648**  
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 617.032, Florida Statutes.

SIGNATURE **E. Thornhill** **L. Lane** **Orie Cuervo**  
Signature, typed or printed name of registered agent. Registered Agent Signature returned with Date **3-7-96**

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **CHIKODROFF, JAMES**  
STREET ADDRESS **13250 RIDGE ROAD 7-1**  
CITY-ST-ZIP **LARGO FL**  
TITLE  DELETE  
NAME **BRINKERHOFF, GALE J**  
STREET ADDRESS **13250 RIDGE ROAD 4A6**  
CITY-ST-ZIP **LARGO FL**  
TITLE  DELETE  
NAME **CONNOR, JOHN**  
STREET ADDRESS **13250 RIDGE RD., APT. 6B5**  
CITY-ST-ZIP **LARGO FL**  
TITLE  DELETE  
NAME **WHITE, MARY LOU**  
STREET ADDRESS **13250 RIDGE ROAD 5A1**  
CITY-ST-ZIP **LARGO FL**  
TITLE  DELETE  
NAME **CUERVO, ORIE**  
STREET ADDRESS **13250 RIDGE ROAD 5A2**  
CITY-ST-ZIP **LARGO FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition **President & Director**  
1.2 NAME **Cuervo, Orie**  
1.3 STREET ADDRESS **13250 Ridge Road 5A2**  
1.4 CITY-ST-ZIP **Largo, FL 34648**  
2.1 TITLE  Change  Addition **Vice-Pres. & Director**  
2.2 NAME **Connor, John**  
2.3 STREET ADDRESS **13250 Ridge Road 6B5**  
2.4 CITY-ST-ZIP **Largo, FL 34648**  
3.1 TITLE  Change  Addition **Sec'y-Treas. & Director**  
3.2 NAME **White, Mary L.**  
3.3 STREET ADDRESS **13250 Ridge Road 5A1**  
3.4 CITY-ST-ZIP **Largo, FL 34648**  
4.1 TITLE  Change  Addition **Asst. Sec'y-Treas. Director**  
4.2 NAME **Lane, Lona**  
4.3 STREET ADDRESS **1330 Ridge Road 3A3**  
4.4 CITY-ST-ZIP **Largo, FL 34648**  
5.1 TITLE  Change  Addition **Director**  
5.2 NAME **Thornhill, Edward**  
5.3 STREET ADDRESS **13250 Ridge Road 1-8**  
5.4 CITY-ST-ZIP **Largo, FL 34648**  
6.1 TITLE  Change  Addition  
6.2 NAME **800001768868**  
6.3 STREET ADDRESS **-04/04/96--01013--021**  
6.4 CITY-ST-ZIP **\*\*\*61.25**

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 119.07(3)(k), 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: **Orie Cuervo (President)** **1-21-96 586-0661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

16-2-96