NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90109 046 ****61.25

DOC	JMENT	# 75	4226

1. Corporation Name

RIDGE GROVES CONDOMINIUM A	ASSOCIATION,	INC
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Principal Plac	ce of Business	Mailing Address					
13250 RIDGE RD. 13250 RIDGE RD.				E HERRI BRODI OLOH OLOHO LICHE LIBIA DILE	RIBII GIBIL BIBII BIBII	AIRIN BIBIL IBBI	
#10-6		#10-6		,			
LARGO FL 344	648	LARGO FL 34648				BIBIT BIBIT BIBIT BIBIT	BABU BIBIA 1881
}							
0.04-5-15	No. of During	2a Maille - Address			Date Incorporated or Qualifed •		
	Place of Business	2a. Mailing Address			09/18/1980		
21	#	Suite, Apt. #, etc.	·-		4. FEI Number		Applied For
Suite, Apt.	#, etc.	⊢			59-2090790	<u> </u>	Not Applicable
City & Sta	to	City & State			35 2050/ 50		Additional
	ile	— ·			5. Certifcate of Status Desired		Required
Zip	Country	28 Zip	Country		6. Election Campaign Financing		0 May Be
— ·	25	29 30			Trust Fund Contribution		d to Fees
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regis		0.10 1.000
	Hallo Dio Houses of Daniel		81	Name ,			
				AL-	FRED A. STANGO		
LANE, LO			82	Street Addres	SS (P.O. Box Number is Not Acceptable) RIOGE ROMO		1
1	OGE ROAD		83	1 204 3 0	KIOGE KOME		
3-A-3				4A3			
LARGO FI	L 33778		84	City		FL 85 Zi	9 Code 3 77 8
14 D.	1- the annihilation of Continue 817 0503	and 617 1509 Clorida Statutes t	the above-r	LARC	ation cultimits this statement for the nurr	ose of changing	its registered
I office or i	redistored agent or both in the State o	it Florida. Such change was autho	nzea ov in	e corporation	's board of directors. I hereby accept the	e appointment as	registered
agent. La	am familiar with, and accept the obligati	ions of, Section 617.0503, Florida	Statutes		1. + 1000 -		
SIGNATURE		stango-		usa	- 1-9-9-9-	ATE	
12.	Signature, typed or path of name of registered agent OFFICERS AND		13.	ignature required v	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	PD	Ø DELETE	1,1 TITLE	Po	ESIDENT	☐ Chang	
NAME	LANE, LONA	,	1.2 NAME		RED STANGO		1
STREET ADORESS	l '		13 STREET A	DDRESS / 3	250 Rioge Ro 413		
		J	1.4 CITY-ST-Z	10 / 10	c60 7133778		1
CITY-ST-ZIP TITLE	LARGO FL	D DELETE	2.1 TITLE	11 1	PRESIDENT	Chang	e 🔀 Addition
NAME	THODNINI SOMADO		2.2 NAME	1	_		1
STREET ADDRESS	THORNHILL, EDWARD		2.3 STREET AL	NORESS 12 3	IALO GILLESPIE 50 RIDGE RO 7-1		
J	10200 111002 11010 10		2.4 CITY-ST-2		160,7133778		į
TITLE	LARGO FL		3.1 TITLE		RETARY	. Chang	e Addition
NAME	NICHOLE ONAP A	,	3.2 NAME	74	anne winnsfield		
ì	NICHOLS, OMAR A		3.3 STREET AL	noress /43	50 Ringe Ro 8-6		{
STREET ADDRESS	10E00 HIDGE HD D .		3.4. CITY-ST-2	710 / 4	KGO 71 33778		
CITY-ST-ZIP	LARGO FL 33778	☐ DELETE	4.1 TITLE	TO	EASUREK	∑ Chang	e Addition
	SD IDA B			1/7/	Rusa Garas Versa		_
NAME	KEYES, IDA R		4.2 OTO	DODESE 127	Rose GROW- Keys		
	13250 RIDGE RD 10-1			MIRESO / J od	260 71 33778		
CITY-ST-ZIP	LARGO FL 33778	⊠ DELETE	4.4 CITY-ST-2 5.1 TITLE			Change	a Addition
TITLE	ASTD	₹ DECE IE	5.1 TITLE 5.2 NAME	A 58			- 💭
NAME	D'AGOSTINO, EVELYN		5.3 STREET AL		GOA KRUSE		
STREET ADDRESS	TOLOG TILD GE TID TO		5.4 CITY-ST-Z		150 RIOGE 20 1-3		1
CITY-ST-ZIP	LARGO FL 33778		61 TITLE	" LAM	160 71 33778	☐ Chang	e Addition
TITLE							
NAME	j		6.2 NAME	J			ļ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS