


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006942
 1. Entity Name
 RIDGE STREET COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103	Mailing Address 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1054830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
 3200 TAMiami TRAIL N
 SUITE 200
 NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARK J 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THALHEIMER, SANFORD J 255 13 AVE SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, DAVID 3200 TAMiami TRAIL NORTH STE 300 NAPLES, FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 1/12/05 DAYTIME PHONE #: (239) 649-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR