

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAY - 1 AM 10: 10

DOCUMENT # N01720 (4)

1. Corporation Name
THE RIDGE AT SANIBEL BAYOUS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 12901-8 MCGREGOR BLVD. FORT MYERS FL 33919	Mailing Address 12901-8 MCGREGOR BLVD. STE 8 FORT MYERS FL 33919 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/29/1984	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2446382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHOO, WILLIAM W.
12901-8 MCGREGOR BLVD.
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name
CAROL J. HENKE

82 Street Address (P.O. Box Number is Not Acceptable)
210 INNOVATIVE MGT GROUP INC

83
11595 KELLY ROAD

84 City
FORT MYERS FL

85 Zip Code
33908

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 Carol J. Henke DATE 4-15-95

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

12. OFFICERS AND DIRECTORS	
TITLE BO	PERLOWSKI, JACK
NAME	5299 UMBRELLA POOL ROAD
STREET ADDRESS	SANIBEL FL
CITY - ST - ZIP	
TITLE VP	VALENTINE, JACK
NAME	5299 LADYFINGER LAKE RD
STREET ADDRESS	SANIBEL FL
CITY - ST - ZIP	
TITLE PO	SMITH, ELIZABETH
NAME	5006 LADYFINGER LAKE RD.
STREET ADDRESS	SANIBEL FL
CITY - ST - ZIP	
TITLE FB	OPSAI, ARNE
NAME	5276 LADYFINGER LAKE RD
STREET ADDRESS	SANIBEL FL
CITY - ST - ZIP	
TITLE BO	LAYDEN, MARY JANE
NAME	5299 UMBRELLA POOL ROAD
STREET ADDRESS	SANIBEL FL
CITY - ST - ZIP	
TITLE ASD	KARDOS, JACK
NAME	2201 SIDGFIELD LN
STREET ADDRESS	PITTSBURGH PA
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BENNINGA, BENNO	
1.3 STREET ADDRESS 5305 UMBRELLA POOL RD	
1.4 CITY - ST - ZIP SANIBEL, FL	
2.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SULTAR, SANDY	
3.3 STREET ADDRESS 5295 LADYFINGER LAKE RD	
3.4 CITY - ST - ZIP SANIBEL, FL	
4.1 TITLE P/D	<input checked="" 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 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: Carol J. Henke DATE: 4/20/95

(Signature and Typed or Printed Name of Signing Officer or Director)