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| NONPROFIT CORPORATION ANNUAL REPORT 1996 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT # NOTED NO1720 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Corporation Name The Ridge at Sanibel Bayous Homeowners Association, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business | | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 21 40 Marquis Mgmt. Suite, Apt. #, etc. | | 2a. Mailing Address 26 90 Marquis Mgmt. Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 12661 New Brittany Blvd. City & State | | 27 12661 New Brittany Blvd. City & State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Ft. Myers, FL Zip Country | | 28 Ft. Myers, FL Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 33907 | 25 USA | 29 33907 | 30 USA | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 81 Name Henke, Carol J. 82 Street Address (P.O. Box Number is Not Acceptable) 40 Marquis Mgmt. 83 12661 New Brittany Blvd. 84 City Fort Myers 85 Zip Code FL 33907 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 617.0503, Florida Statutes. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE <u>Carol J. Henke</u> | | SIGNATURE <u>CAROL J. HENKE</u> DATE <u>1-16-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature typed or printed name of registered agent and title, if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: <u>James Hoover</u> | | DATE: <u>4-10-96</u> DAYTIME PHONE: <u>395-9092</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| James Hoover | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E037 (12/95)