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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N01720 (4)

1. Corporation Name

THE RIDGE AT SANIBEL BAYOUS HOMEOWNER'S ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
C O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907	C O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907-3631

3. Date Incorporated or Qualified: 02/29/1984
3a. Date of Last Report: 04/23/1996

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

4. FEI Number: 59-2446382 ☐ 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

9. Name and Address of Current Registered Agent

HENKE, CAROL J
C/O MARQUIS MGMT.
12661 NEW BRITTANY BLVD.
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Nar Stilphen, Peter
82 Stre Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 City Fort Myers, Fl. 33907
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 617.0503, Florida Statutes.

SIGNATURE: Peter Stilphen PETER STILPHEN 4/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SMITH, ELISABETH		1.2 NAME		
STREET ADDRESS	5306 LADY FINGER LAKE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY-ST-ZIP		
TITLE	DTS	☒ DELETE	2.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	HOOPER, JAMES		2.2 NAME	Weissbach, Arthur	
STREET ADDRESS	5280 LADY FINGER LAKE RD.		2.3 STREET ADDRESS	5307 Lady Finger Lake Road	
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	DP	☒ DELETE	3.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	SULTAR, SANDY		3.2 NAME	Benninga, Carla	
STREET ADDRESS	5295 LADYFINGER LAKE RD		3.3 STREET ADDRESS	5305 Umbrella Pool Road	
CITY-ST-ZIP	SANIBEL FL 33957		3.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OPSAL, ARNE		4.2 NAME		
STREET ADDRESS	5276 LADYFINGER LAKE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAYDEN, MARY JANE		5.2 NAME		
STREET ADDRESS	5299 UMBRELLA POOL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		5.4 CITY-ST-ZIP		
TITLE	ASD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KARDOS, JACK		6.2 NAME		
STREET ADDRESS	2291 SIDGEFIELD LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: Elisabeth D. Smith ELISABETH D. SMITH 4/1/97 941-472-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055483