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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01720

1. Corporation Name

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

Principal Place of Business	Mailing Address
C O MARQUIS MGMT. 9400 GLADIOLUS DR. #$100 FORT MYERS FL 33908 US	C O MARQUIS MGMT. 9400 GLADIOUS DR. #100 FORT MYERS FL 33908 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Heritage Resorts Mgmt, Inc.	26 c/o Heritage Resorts Mgmt Inc.
Suite, Apt. #, etc. 22 1200 Periwinkle Way, Suite 2	Suite, Apt. #, etc. 27 1200 Periwinkle Way, Suite 2
City & State 23 Sanibel FL	City & State 28 Sanibel FL
Zip / Country 24 33957 25 USA	Zip / Country 29 33957 30 USA

3. Date Incorporated or Qualifed: 02/29/1984

4. FEI Number: 59-2446382 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STIPHEN, PETER
C/O MARQUIS MGMT.
9400 GLADIOLUS DR, #100
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Peter Stilphen
82 Street Address (P.O. Box Number is Not Acceptable): Heritage Resorts Mgmt, Inc.
83 1200 Periwinkle Way, Suite 2
84 City: Sanibel FL 85 Zip Code: 33957

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 _____ DATE
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		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ELISABETH		1.2 NAME		
STREET ADDRESS	5306 LADY FINGER LAKE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEISSBACH, ARTHUR		2.2 NAME		
STREET ADDRESS	5307 LADYFINGER LAKE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BENNINGA, CARLA		3.2 NAME		
STREET ADDRESS	5305 UMBRELLA POOL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	STD	☐ Change ☒ Addition
NAME			4. 2 NAME	Elizabeth Miller	
STREET ADDRESS			4.3 STREET ADDRESS	5297 Umbrella Pool Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Sanibel FL 33957	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Elisabeth A Smith 472-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/26/99 — Daytime Phone #