

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01720

1. Entity Name

THE RIDGE AT SANIBEL BAYOUS HOMEOWNER'S ASSOCIAT

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90121 027 ****61.25

Principal Place of Business

Mailing Address

C/O HERITAGE RESORTS MGMT. INC.
1200 PERWINKLE WAY STE 2
SANIBEL FL 33957
US

C/O HERITAGE RESORTS MGMT. INC.
1200 PERWINKLE WAY STE 2
SANIBEL FL 33957-4704
US

2. Principal Place of Business

4. Heritage "Association" Mgmt, Inc.

Suite, Apt. #, etc.

1200 Periwinkle Way, Suite 2

City & State
Sanibel FL

Zip
33957

Country
USA

3. Mailing Address

4. Heritage "Association" Mgmt, Inc.

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2446382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STILPHEN, PETER
HERITAGE RESORTS MGMT. INC.
1200 PERWINKLE WAY STE 2
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

Carol Pappas

Street Address (P.O. Box Number is Not Acceptable)

Heritage Association Management, Inc.

1200 Periwinkle Way Suite 2

City

Sanibel

FL

Zip Code

33957

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing ☐

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, ELISABETH
STREET ADDRESS 5306 LADY FINGER LAKE RD.
CITY-ST-ZIP SANIBEL FL ☒ Delete

TITLE STD
NAME MILLER, ELIZABETH
STREET ADDRESS 5297 UMBRELLA POOL RD
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE VD
NAME BENNINGA, CARLA
STREET ADDRESS 5305 UMBRELLA POOL RD
CITY-ST-ZIP SANIBEL FL ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Benno Benninga
STREET ADDRESS 5305 Umbrella Pool Road
CITY-ST-ZIP Sanibel FL 33957

TITLE VD ☐ Change ☒ Addition
NAME Joyce Weissbach
STREET ADDRESS 5307 Lady Finger Lake Road
CITY-ST-ZIP Sanibel FL 33957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth miller

2-29-00

941-395-2174

Date

Daytime Phone #

CR2E037 (9/99)