

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90005 022 ****61.25

DOCUMENT # N01720

1. Entity Name

THE RIDGE AT SANIBEL BAYOUS HOMEOWNER'S ASSOCIAT

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 Heritage Mgmt Realty

3. Mailing Address

40 Heritage Mgmt Realty

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2446382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPPAS, CAROL
 HERITAGE ASSOCIATION MGMT, INC
 1200 PERIWINKLE WAY STE 2
 SANIBEL FL 33957

Name

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

Heritage Mgmt Realty, Inc.

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BENNINGA, BENNO
 5305 UMBRELLA POOL ROAD
 SANIBEL FL 33957** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 WEISBECH, JOYCE
 5307 LADY FINGER LAKE ROAD
 SANIBEL FL 33957** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 Richard Hasselman
 5289 Ladyfinger Lake Road
 E. Sanibel FL 33957** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 REQUIRED Benno Benninga 4/7 '01 941-472-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)