2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N01720** 1. Entity Name THE RIDGE AT SANIBEL BAYOUS HOMEOWNER'S ASSOCIAT ION, INC. Principal Place of Business Mailing Address C/O HERITAGE MGMT REALTY. INC 1200 PERWINNLE WAY STE 2 SANIBEL FL 33957 C/O HERITAGE MGMT REALTY. INC 1200 PERWINDLE WAY STE 2 SANIBELIEL 33957 US 2. Principal Place of Business do Island Realty + 3. Mailing Address clo Island

FILED Apr 21, 2002 8:00 am Secretary of State

04-21-2002 90889 045 ****61.25



PO Box 100			Suite, Apt. #, etc. PO Box 100				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number			Applied For	
Sani	bel	FL	Sanibel F				5	9-2446382		Not Applicable
Zip	S = N	Country	Zip	Cou			5. Certificate of S	itatus Desired	\$8.75 A	
33957 USA 33957 L					7. Name and Address of New Registered Agent					
Name Name										
Name Carol Pappas Street Address (P.O. Bo Nimber in Not Apportable)										
APPAS, CAROL Street Address P.O. Box Number is Not Acceptable)										
	MGMIL RE	•	>							
NO PERIWINKLE WAY STE 2						<u> </u>	100- 70.		To Co	ode
ANIBEL FL 33957 City Saribel FL 3395>										
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 .	(//	OLD Land	10	an	aro Pappas 4-3-02					
Signature, typed or printed name of registered aftent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
9. Election Campaign Financing \$5.00 May Be Make Check Payable to										
(**)			Trust Fund C	Contributi	on.		Added to Fees	Departme	nt of Sta	te
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
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NAME	BENNING/	A. BENNO	LA-Delete	NAME					change	
STREET ADDRESS		RELLA POOL ROAD		STREE	ET ADDRESS]
CITY-ST-ZIP	SANIBEL F			CITY-	ST-ZIP					
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NAME	WEISBECH			NAME						
STREET ADDRESS		FINGER LAKE ROAD	·		et address est-zip					}
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CITY-ST-ZIP	SANIBEL F			CITY-	ST-ZIP	ł				
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STREET ADDRESS					T ADDRESS	530	8 Lockyt	inger Lake k	ည်ရှင်]
CITY-ST-ZIP				CITY-	ST-ZIP	San	ibel F	<u>L 33957</u>		
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NAME STREET ADDRESS				NAME	T ADDRESS	Doro	thy beis	la Pool Roa	al.	
CITY-ST-ZIP					ST-ZIP	527	ibel FL	33957		-
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NAME				NAME						
STREET ADDRESS		-		STREE	T ADDRESS					
CITY-ST-ZIP	<u>.</u>			CITY-	ST-ZiP		<u>.</u>			
12. I hereby of indicated	certify that the	e information supplied with t	this filing does not qualify for true and accurate and that n	the exer	notion sta ure shall f	ited in Sec nave the s	ction 119.07(3)(i), Fl ame legal effect as	orida Statutes. I further cer if made under oath; that I a	tify that the	information er 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.