2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N01720

1. Entity Name
THE RIDGE AT SANIBEL BAYOUS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ISLAND REALTY & MANAGEMENT PO BOX 100 SANIBEL, FL 33957 US	C/O ISLAND REALTY & MANAGEMENT PO BOX 100 SANIBEL, FL 33957 US

DO NOT WRITE IN THIS SPACE

04132004 No Chg-NP CR2E037 (10/03)

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

PAPPAS, CAROL
ISLAND REALTY & MANAGEMENT
PO BOX 100-703 TARPON BAY ROAD
SANIBEL, FL 33957

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000124671
04/22/04-80053-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HASSELMAN, RICHARD
STREET ADDRESS	5289 LADYFINGER LAKE ROAD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VD
NAME	SEGURA, BRENDA
STREET ADDRESS	5308 LADYFINGER LAKE ROAD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	STD
NAME	GEIS, DOROTHY
STREET ADDRESS	5279 UMBRELLA POOL ROAD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: R Hasselman / Richard B. Hasselman, President 4/14/04 239 482 4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #