

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # **200836** (5)
1. Corporation Name
THE RIDGE, INC.



Principal Place of Business
**THE RIDGE CO-OP APTS
3401 S OCEAN BLVD
HIGHLAND BEACH FL 33487-2584**

Mailing Address
**THE RIDGE CO-OP APTS
3401 S OCEAN BLVD
HIGHLAND BEACH FL 33487-2584**

3. Date Incorporated or Qualified **04/18/1957** 3a. Date of Last Report **04/04/1995**
4. FEI Number **59-1206804** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**HARDY, HAROLD
3404 S. OCEAN BLVD. APT 2
HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLOPO, CHARLES		1.2 NAME	
STREET ADDRESS 25 ANDORRA ST.		1.3 STREET ADDRESS	
CITY, ST, ZIP LAGUNA NIGUEL CA		1.4 CITY, ST, ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, ELEANOR		2.2 NAME	
STREET ADDRESS 3401 S OCEAN BLVD		2.3 STREET ADDRESS	
CITY, ST, ZIP HIGHLAND BCH, FL 00000		2.4 CITY, ST, ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EYPEL, ARTHUR G		3.2 NAME	
STREET ADDRESS 3401-S OCEAN BLVD		3.3 STREET ADDRESS	
CITY, ST, ZIP HIGHLAND BCH, FL 00000		3.4 CITY, ST, ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANTIN, EDMOND		4.2 NAME	
STREET ADDRESS 90 BERLIOZ NUN ISLAND		4.3 STREET ADDRESS	
CITY, ST, ZIP MONTREAL, CANADA 00000		4.4 CITY, ST, ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDY, HAROLD		5.2 NAME	
STREET ADDRESS 3401 S. OCEAN BLVD.		5.3 STREET ADDRESS	
CITY, ST, ZIP HIGHLAND BCH, FL.		5.4 CITY, ST, ZIP	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEXANDER, PAUL F		6.2 NAME	
STREET ADDRESS 3401-S OCEAN BLVD		6.3 STREET ADDRESS	
CITY, ST, ZIP HIGHLAND BCH, FL 00000		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)