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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 33487-2518**

3. Date Incorporated or Qualified: **04/18/1957**
3a. Date of Last Report: **02/20/1996**
4. FEI Number: **59-1206804**
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
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 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: **CHARLES P. GALLOPO**
82 Street Address (P.O. Box Number is Not Acceptable): **3401 So Ocean Blvd Apt 3**
83
84 City: **HIGHLAND BEACH** FL 85 Zip Code: **33487**

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: *Charles Gallopo* DATE: **1-30-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: GALLOPO, CHARLES	<input type="checkbox"/> DELETE
STREET ADDRESS: 25 ANDORRA ST.	CITY-ST-ZIP: LAGUNA NIGUEL CA	
TITLE: VD	NAME: FRANK, ELEANOR	<input type="checkbox"/> DELETE
STREET ADDRESS: 3401 S OCEAN BLVD	CITY-ST-ZIP: HIGHLAND BCH, FL 00000	
TITLE: D	NAME: EYPEL, ARTHUR G	<input type="checkbox"/> DELETE
STREET ADDRESS: 3401-S OCEAN BLVD	CITY-ST-ZIP: HIGHLAND BCH, FL 00000	
TITLE: PD	NAME: CANTIN, EDMOND	<input type="checkbox"/> DELETE
STREET ADDRESS: 90 BERLIOZ NUN ISLAND	CITY-ST-ZIP: MONTREAL, CANADA 00000	
TITLE: D	NAME: HARDY, HAROLD	<input type="checkbox"/> DELETE
STREET ADDRESS: 3401 S. OCEAN BLVD.	CITY-ST-ZIP: HIGHLAND BCH. FL.	
TITLE: SD	NAME: ALEXANDER, PAUL F	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3401-S OCEAN BLVD	CITY-ST-ZIP: HIGHLAND BCH, FL 00000	(SOLD)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: GALLOPO, CHARLES P.	
1.3 STREET ADDRESS: 3401 So Ocean Blvd	
1.4 CITY-ST-ZIP: HIGHLAND BEACH FL 33487	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: N/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: LIPPAN, RICHARD	
6.3 STREET ADDRESS: 3401 So. Ocean Blvd.	
6.4 CITY-ST-ZIP: HIGHLAND BEACH FL 33487	

14. I do 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 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: *Charles Gallopo* DATE: **1-30-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: **561-278-4801 714-579-8823**

CR2E034 (9/96)