

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90068 014 ***150.00

DOCUMENT # 200836

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1206804

Applied For

Not Applicable

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

LIPPMAN, RICHARD
3401 SO OCEAN BLVD APT 1
HIGHLAND BEACH FL 33487

Name

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

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

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARTKIW, STEPHEN	
STREET ADDRESS	3401 SO OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANKLIN, FRANK	
STREET ADDRESS	3401 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	EYPEL, ARTHUR G	
STREET ADDRESS	3401-S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTIN, EDMOND	
STREET ADDRESS	90 BERLIOZ NUN ISLAND	
CITY-ST-ZIP	MONTREAL, CANADA	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARDY, LENORE	
STREET ADDRESS	3401 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIPPMAN, RICHARD	
STREET ADDRESS	3401 SO. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

Richard Lippman - T.

Date

Daytime Phone #