

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

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**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000905840

05/01/08-80068-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARTKIW, STEPHEN 3401 SO OCEAN BLVD HIGHLAND BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRANKLIN, FRANK 3401 S OCEAN BLVD HIGHLAND BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSEN, NORMAN 3901 S. OCEAN BLVD HIGHLAND BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANTIN, EDMOND 90 BERLIOZ NUN ISLAND MONTREAL, CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARDY, LENORE 3401 S. OCEAN BLVD. HIGHLAND BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LIPPMAN, RICHARD 3401 SO. OCEAN BLVD HIGHLAND BCH, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #