

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705637 (7)
 1. Corporation Name
THE COMMUNITY CENTER OF RIDGE MANOR, INC.



Principal Place of Business 34240 CORTEZ BLVD. RIDGE MANOR FL 33525	Mailing Address 34240 CORTEZ BLVD. RIDGE MANOR FL 33525
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3. Date Incorporated or Qualified 05/21/1963		
4. FEI Number 59-2340835	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**HEPFER, LYLE D.
5012 MOCKINGBIRD DR
RIDGE MANOR FL 33525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D & V. res.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, PAULINE		1.2 NAME	
STREET ADDRESS 5067 LAKEWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHOPPA, JOHN J.		2.2 NAME	
STREET ADDRESS 35052 SMOKE TREE LN		2.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FITZWATER, GALE		3.2 NAME	
STREET ADDRESS 35139 WHISPERING OAKS BL		3.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEPFER, LYLE D.		4.2 NAME	
STREET ADDRESS 5012 MOCKINGBIRD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCKINGHAM, RICHARD M.		5.2 NAME	
STREET ADDRESS 33449 OHIO AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		5.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDERS, LEONARD		6.2 NAME	
STREET ADDRESS 5583 FAIRWAY DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		6.4 CITY-ST-ZIP	

D & Secretary Change Addition
Bonnie Cummings
35046 Smoke Tree Ln., Ridge Manor, FL 33523

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lyle D. Hepfer* **Lyle D. Hepfer, Treasurer** **4-13-98**

CR2E037 (10/97)