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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 709385 (9)

1. Corporation Name

GOLF RIDGE VILLAS CONDOMINIUM UNIT B, INC.



Principal Place of Business

Mailing Address

20500 NW SEVENTH AVE  
MIAMI FL 33169-2422

20500 NW SEVENTH AVE  
MIAMI FL 33169-2447

3. Date Incorporated or Qualified  
08/03/1965

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 31369-2422

4. FEI Number

59-1368650

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOATE, BETTY  
20500 N.W. 7TH AVENUE  
MIAMI FL 33169

81 Name

RAMSEY, ADELE

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

20500 N.W. 7th AVENUE #6

83

84 City

MIAMI

FL

85 Zip Code

33169

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

*Adele Ramsey*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD  DELETE  
NAME CHOATE, BETTY  
STREET ADDRESS 20500 NW 7TH AVE  
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE STD  Change  Addition  
1.2 NAME RAMSEY, ADELE  
1.3 STREET ADDRESS 20500 N.W. 7th AVE  
1.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE VD  DELETE  
NAME DIETZ, JOHN  
STREET ADDRESS 20500 NW 7TH AVE  
CITY-ST-ZIP MIAMI, FL 00000

2.1 TITLE VD  Change  Addition  
2.2 NAME FORSKIN, ELEANOR  
2.3 STREET ADDRESS 20500 N.W. 7th AVE  
2.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE PD  DELETE  
NAME RAMSEY, DEL  
STREET ADDRESS 20500 NW 7TH AVE  
CITY-ST-ZIP MIAMI, FL

3.1 TITLE PD  Change  Addition  
3.2 NAME KENNEDY, CAROLLE  
3.3 STREET ADDRESS 20500 N.W. 7th AVE  
3.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

*Adele Ramsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-97

Date

Daytime Phone # 0032381

CR2E037 (9/96)