FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #Corporation Name

709385

(9)

FILED Feb 24 1998 8:00am Secretary of State

GOLF	RIDGE VILLA	S CONDOMII	NIUM UNIT (3, INC.								
Principal Place of Business Mailing Address										IBIDI BAK DIDI	i Bişili 11811 8787) V	
20500 NW SEV MIAMI FL 3316		20500 NW SEVENTH AVE MIAMI FL 33169-432 US				3. Date Incorporated or Qualified 08/03/1965 4. FEI Number Applied For						
									59-1368650			lot Applicable
_	Place of Business	2a. Mailing Address				5.	Certificate of Status Desire	a 🗆	\$8.75	Additional		
21 Suite, Apt.	# -1-	Suite, Apt. #. etc.				_				lequired		
22 Suite, Apr.	. W, OIC.	27					6.	Election Campaign Financi Trust Fund Contribution	ng 🗆	\$5.00 Added (
City & Sta	ite	City o	City & State				7. Is this nonprofit corporation a homeowners association? **Type ** No. ** No					
Zip	· ·	Country	Zip		Cou	ntry		B.	This corporation owes or hi			ntangible
24	25		29		30				Personal Property Tax due		Yes !	No
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
						81	Name					
RAMSEY, ADELE						82	Street Ac	Idress (F	P.O. Box Number is Not Acc	entable)		· · · · · · · · · · · · · · · · · · ·
20500 N	W 7TH AVE. ST	E 6				ightharpoonup		· · · · · · ·				
MIAMI F	L 33169					83						
						84	City			F	85 Zip	Code
11. Pursuant office or agent. I s	to the provisions registered agent, am familiar with, a	of Sections 617.0 or both, in the Stand accept the obl	502 and 617.150 ite of Florida. Su igations of, Sect	08, Florida Statu ch change was ion 617.0503, F	ites, the at authorized lorida Stat	ove by utes	named co the corpo	orporation's I	on submits this statement for board of directors. I hereby	the purpos accept the	e of changing appointment as	its registered s registered
SIGNATURE												
12.	Signature, typed or prin		(NOTE: Registered Agent sign			required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIR			-	DC IN 12		
TITLE	STD	OFFICENS	ND DIRECTORS	DELETE			-		ADDITIONS/CHANGES TO	/ HOLMS A	Change	Addition
NAME	RAMSEY, AD	EI E			1.1 TO 1.2 NA							L reduction
STREET ADDRESS	20500 NW 7			1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP									
TITLE	VD	······		DELETE	2.1 TIT			VD			K Change	Addition
NAME	FORSKIN, EL	EANOR					2.2 NAME			ъ		
STREET ADDRESS	20500 NW 7			2.3 STREET A		ADDRESS	DAZOULOUTE, JAMES. P. 20500 N.W. 7th AVE.					
CITY-ST-ZIP	MIAMI FL		2. 4			2. 4 CITY-ST-ZIP		MI, FL 33169	∴			
TITLE	PD			DELETE	3.1 717	LE			1111 TL 33109		Change	Addition
NAME	KENNEDY, C	AROLLE			3.2 NA	ME						
STREET ADDRESS	20500 NW 7		3.3 ST			REET ADORESS						
CITY-ST-ZIP	MIAMI FL				3.4. CI	TY-\$1	r-ZIP					
TITLE				DELETE	4.1 [1]	LE					☐ Change	Addition
	1				. .		ı					

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 DITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

adile Kamsen

2-18-91

305-651-7497

Change

☐ Addition

___ Addition

2E037 (10/97)