


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90021 008 \*\*\*\*61.25

<b>DOCUMENT # 709385</b> 1. Entity Name <b>GOLF RIDGE VILLAS CONDOMINIUM UNIT B, INC.</b>	
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Principal Place of Business <b>20500 NW SEVENTH AVE MIAMI FL 33169-2422</b>	Mailing Address <b>20500 NW SEVENTH AVE MIAMI FL 33169-2422 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-1368650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RAMSEY, ADELE 20500 NW 7TH AVE. STE 6 MIAMI FL 33169</b>	
7. Name and Address of New Registered Agent Name <b>SARADJINE CROISSY</b> Street Address (P.O. Box Number is Not Acceptable) <b>20500 N.W. 7TH Ave. #3</b> City <b>MIAMI</b> FL Zip Code <b>33169-2247</b>	

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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMSEY, ADELE 20500 NW 7TH AVE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROISSY, SARADJINE 20500 NW 7th Ave. MIAMI, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORES, JEANETTE 20500 NW 7TH AVE MIAMI FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURDEN, KAJUANNA 20500 NW 7th AVE MIAMI, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURDEN, KAJUANNA 20500NW 7TH AVE MIAMI FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAGE, TIFFINAY 20500 NW 7th Ave. MIAMI, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: \_\_\_\_\_