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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 733318 (0)

1. Corporation Name
THE RIDGES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21005 PERMIT LANE MIAMI FL 33189	21005 PERMIT LANE MIAMI FL 33189

2. Principal Place of Business
21 21055 PERMIT LANE

2a. Mailing Address
26 21055 PERMIT LANE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip / 25 Country

29 Zip / 30 Country

3. Date Incorporated or Qualified
07/18/1975

4. FEI Number
NOT APPLICABLE
☐ 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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BASS, MICHAEL G
8900 S.W. 107 AVE. SUITE 206
MIAMI FL 33176

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DIAMOND, JOHN		1.2 NAME	FINKELSTEIN, BOB	
STREET ADDRESS	20835 GROUPER DRIVE		1.3 STREET ADDRESS	20874 GROUPER DRIVE	
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY-ST-ZIP	MIAMI FL. 33189	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	FINKELSTEIN, BOB		2.2 NAME	SUAREZ, OLGA	
STREET ADDRESS	20874 GROUPER DRIVE		2.3 STREET ADDRESS	21034 GROUPER DRIVE	
CITY-ST-ZIP	MIAMI FL 33189		2.4 CITY-ST-ZIP	MIAMI FLA 33189	
TITLE	TD	☐ DELETE	3.1 TITLE	T.	☑ Change ☐ Addition
NAME	HARDY, JANET		3.2 NAME	HARDY, JANET	
STREET ADDRESS	20824 GROUPER DR		3.3 STREET ADDRESS	20824 GROUPER DRIVE	
CITY-ST-ZIP	MIAMI FL 33189		3.4 CITY-ST-ZIP	MIAMI FL. 33189	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	ALFONSO, ANA		4.2 NAME	ALFONSO, ANA	
STREET ADDRESS	20874 GROUPER DRIVE		4.3 STREET ADDRESS	20874 GROUPER DRIVE	
CITY-ST-ZIP	MIAMI FL 33189		4.4 CITY-ST-ZIP	MIAMI FL. 33189	
TITLE	D	☐ DELETE	5.1 TITLE	D.	☐ Change ☑ Addition
NAME	SUAREZ, OLGA		5.2 NAME	WILLIAMS, SONYA	
STREET ADDRESS	21034 GROUPER DRIVE		5.3 STREET ADDRESS	20868 SAILFISH LANE	
CITY-ST-ZIP	MIAMI FL 33189		5.4 CITY-ST-ZIP	MIAMI FL 33189	
TITLE		☐ DELETE	6.1 TITLE	D.	☐ Change ☑ Addition
NAME			6.2 NAME	PINO, JILL	
STREET ADDRESS			6.3 STREET ADDRESS	21074 GROUPER DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI FL. 33189.	

CR2E037 (10/97)

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: Janet Hardy JANET HARDY 4-23-98 305-253-2226